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ABSTRACT

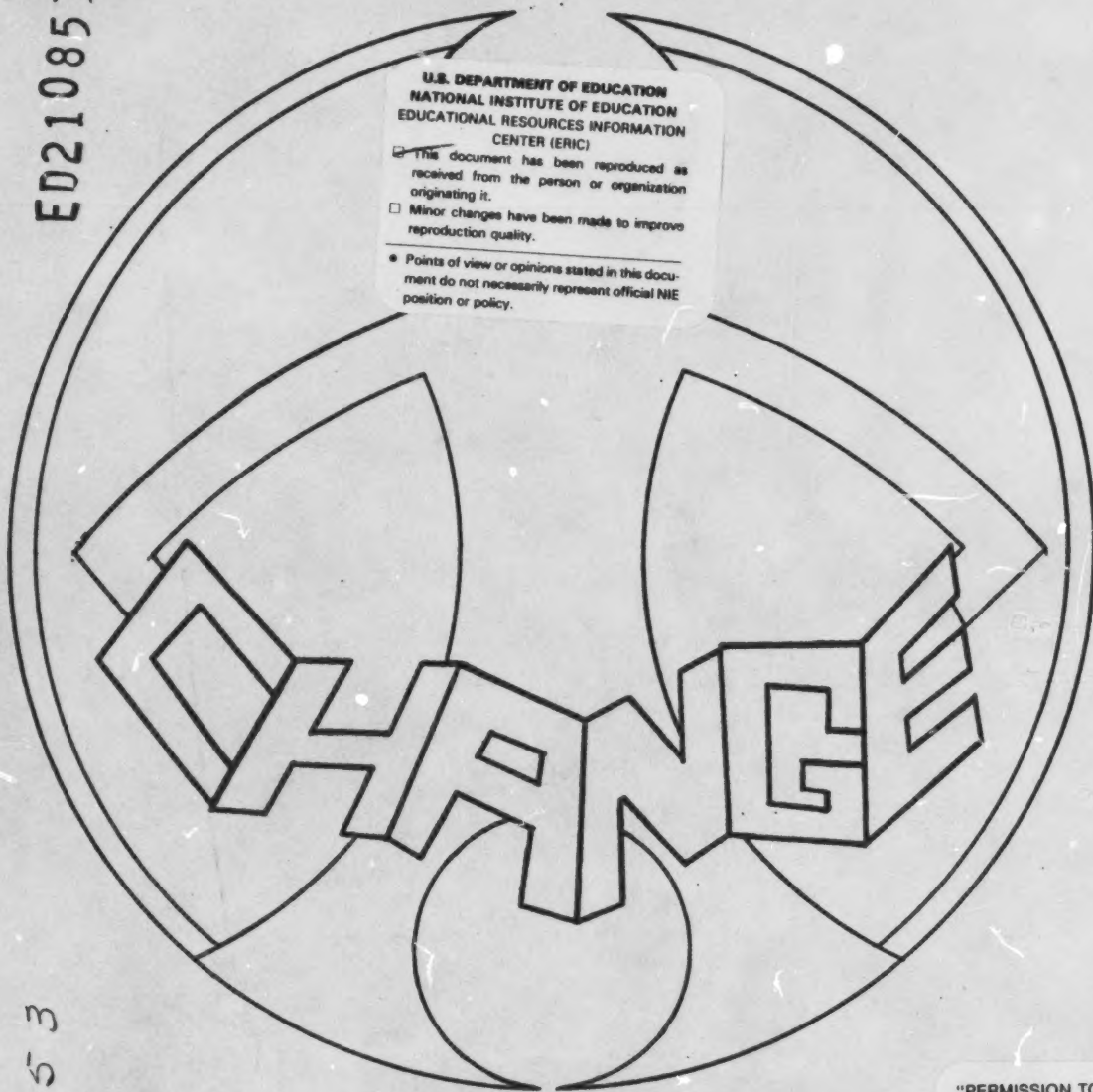
The document contains the curriculum guides for Grades 7 and 8 developed by Project CHANGE (Concepts of Handicaps and Attitudes Need Guidance and Education), designed to improve children's attitudes toward the disabled. In Grade 7, the curriculum focuses on acceptance of self and others (handicapped and nonhandicapped), cerebral function, mental retardation, learning disabilities, and emotional problems. The eighth grade program considers acceptance of self and others, a review of disabilities and rehabilitation, and health careers. Each unit is intended to be completed over a period of 3 to 5 weeks with one activity per week. Lessons typically include exercises; lectures; simulation activities; use of filmstrips, movies, and books; class discussion; and guest speakers (usually disabled persons). Units at each grade level are preceded by a unit outline which identifies learning objectives and concepts. Lesson plans are organized to include information on activity name, learning objective, materials needed, teaching procedure, and answer keys to student exercises. Worksheets and handouts appropriate for reproduction are provided when called for in the lesson plans. (DB)

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RIDGELAND PUBLIC SCHOOLS
DISTRICT 122
TITLE IV C - ESEA
PROJECT: C.H.A.N.G.E.
TEACHER MANUAL

CONCEPTS OF HANDICAPS AND ATTITUDES NEED GUIDANCE AND EDUCATION

ED210853



EC140653

JUNIOR HIGH CURRICULUM

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C O N T E N T S

INTRODUCTION

OVERVIEW OF JUNIOR HIGH PROGRAM

SEVENTH GRADE PROGRAM

Objectives
Acceptance of Self and Others
 (Handicapped and Non-Handicapped)
Cerebral Function
Mental Retardation
Learning Disabilities
Emotional Problems

EIGHTH GRADE PROGRAM

Objectives
Acceptance of Self and Others
 (Handicapped and Non-Handicapped)
Review of Disabilities and Rehabilitation
Health Careers

INTRODUCTION

The philosophy of Project C.H.A.N.G.E. (Concept of Handicaps and Attitudes Need Guidance and Education) is handicapped people have the right to be accepted as worthwhile individuals by their non-handicapped peers. Today, non-handicapped individuals are having increasing contact with handicapped individuals. Public Law 94-142 (The Education For All Handicapped Children Act) has added momentum to the growing rights movement of disability groups. However, increased rights for the handicapped population do not mean increased acceptance.

If handicapped individuals are to be successfully integrated into our schools, community, and society they must first be viewed and accepted as worthwhile individuals with the same feelings and needs as non-handicapped individuals. They must be viewed as being capable of sharing with non-handicapped individuals those experiences which constitute life.

Negative reactions towards people we perceive as different from ourselves are a common experience. We feel anxiety, fear, discomfort, or even hostility. Myths and stereotypes concerning these individuals are often incorporated into our value system. However, people do have the ability to change.

Attitudes are influenced by a variety of situational contacts with our family and society. Thus, it is possible for our attitudes to change or modify as a result of our experiences. The goal of Project C.H.A.N.G.E. is to influence and change those holding negative attitudes toward handicapped individuals. This is done by giving children a chance to acquire knowledge about handicapped individuals and their handicapping conditions. Knowledge will help to alleviate the common feelings of anxiety, fear, discomfort or hostility which non-handicapped individuals often experience when encountering a handicapped individual. Opportunity is provided for positive experiences with handicapped people which initiate the giant step towards positive attitudes.

Program teachers are an extremely important factor. They influence and foster knowledge and the attitude of acceptance in their students. They encourage their students to honestly examine and express their positive and negative feelings by creating an accepting atmosphere which develops student support. The expression and examination of positive and negative feelings by the student and the teacher is extremely important. The goal of the program is not to teach children to say "nice" things about handicapped people but to help them develop genuine feelings of acceptance for the disabled. Project C.H.A.N.G.E. deems it necessary to deal with positive and negative feelings as an initial step in successful program implementation and promotion of the ultimate goal - acceptance of the handicapped.

OVERVIEW OF THE JUNIOR HIGH PROGRAM

FORMAT OF THE TEACHERS MANUAL

The junior high school program is divided into two curricula. The seventh grade curriculum is composed of five units. These units in sequential order are: Acceptance of Self and Others (Handicapped and Non-Handicapped), Cerebral Function, Mental Retardation, Learning Disabilities, and Emotional Problems. The units of instruction for the eighth grade curriculum are as follows: Acceptance of Self and Others (Handicapped and Non-Handicapped), Review of Disabilities and Rehabilitation, and Health Careers.

Each unit at a specific grade level includes:

1. Introduction, objectives and concepts
2. Activities
3. Bibliography

The Introduction provides the rationale and basic background information for the unit. The behavioral objectives state the desired student response/outcome for unit completion. Basic concepts are provided to further clarify each objective.

The Activities section is composed of a series of lesson plans. Each lesson plan includes:

1. Objectives - what the student should be able to do when the activity is completed.
2. Materials - what is necessary to teach this lesson.
3. Procedure - specific suggestions on how to conduct the class activity or utilize films, filmstrips, and books.

The Bibliography contains a brief synopsis of films, filmstrips, and books which are appropriate for the unit.

SEQUENCE OF UNITS

Units are arranged in a predesignated order which best accomplishes the overall goal of the program. The first unit at each level is Acceptance of Self and Others (Handicapped and Non-Handicapped). This unit precedes the study of specific disabilities based on the premise that in order to accept others one must first accept themselves.

The seventh grade program follows the sequential format established in the Intermediate program. In the unit entitled Cerebral Function, the normal processes of the brain are studied prior to the dysfunctions. This portion of the program is preparatory for the disability units and is related to the cognitive development of the students in the area of handicaps.

The disability units are: Mental Retardation, Learning Disabilities and Emotional Problems. Mental Retardation is presented first in order to illustrate the severe deficits which occur when the cerebral system is only capable of minimal intellectual functioning.

The Learning Disabilities unit was selected to follow Mental Retardation to illustrate the sharp contrast of mild process interference as opposed to minimal intellectual functioning as in the case of retardation. The concluding unit, Emotional Problems was selected to demonstrate the effect mental strain, or fatigue, can have on an individual's ability to function. The reason for correlating this unit is that severe emotional problems can produce a functional form of retardation.

The eighth grade program differs from the format used at preceding grade levels. The Review of Disabilities and Rehabilitation unit reviews the handicaps previously studied while focusing on available rehabilitation procedures. The disabilities in this unit are: Blindness, Deafness, Physical Handicaps, Diabetes, Speech Impairments, Epilepsy, Learning Disabilities, Mental Retardation, and Emotional Problems.

Health Careers is the concluding unit for the eighth grade program. This unit is designed to make the students aware of career opportunities available in occupations involved with the diagnosis, treatment, and rehabilitation of the aforementioned disabilities. To facilitate the study of Health Careers the occupations are divided into medical and non-medical ones.

The Junior High curriculum continues the affective and cognitive development of the students initiated at the primary and intermediate levels. The curriculum culminates at the eighth grade with a review of the disabilities, study of rehabilitation for each disability, and health careers related to handicapped and non-handicapped individuals.

For implementation of an effective and successful program units should be taught in the order which they appear in the Manual.

TEACHING THE CURRICULUM

The program is designed for teachers to complete one activity per week with the students over a period of four months. At the seventh grade, each unit covers a time span of three to five weeks. The Review of Disabilities and Rehabilitation unit for eighth grade consists of eleven weeks. At least one week is devoted to each of the nine disabilities studied at the previous grade levels. The units on Acceptance of Self and Others (Handicapped and Non-Handicapped), and Health Careers are three and four weeks respectively.

The teacher may choose a lesson plan described in the Activity section of the Manual or use/develop other materials which correlate with the objectives and concepts of the unit. The choice of materials and activities should be based on the objectives of the unit for each grade level and the individual needs of the class. Teachers should know the sequential development of the objectives at all grade levels when choosing activities for a specific unit. In this way, a cohesive program is presented to the student.

The lesson plans include various types of activities. Among these are:

1. **Ingenuity Exercises** - Some units have a puzzle and/or matching exercise to familiarize students with the terminology used in the unit.
2. **Lectures** - For most topics, prepared lectures have been chosen as the best form of presentation. The lectures are based on the concepts and objectives for the unit. Through this format, medical terminology has been reduced to an understandable level for teachers and students while maintaining the predesigned program criteria.
3. **Simulation Activities** - During these activities the students experience what it's actually like to be handicapped by using a method to simulate a handicapping condition. This might be achieved by activities such as trying to pour water into a cup or finding a classroom door while blindfolded.

These activities help the students to understand the problems a handicapped person encounters in daily living. They also establish a basis for acceptance by fostering the development of empathy for the disabled person. All students should have an opportunity to participate in simulation experiences. They should be encouraged to think about and describe how it feels to be handicapped.

4. **Filmstrips, movies and books** - Lesson plans using films, filmstrips, and/or books are included. These materials help the students to better understand handicapping conditions. They should be used with the specific objective at the grade level. After viewing the material, discussions should help the students to achieve the objectives. The lesson plans contain specific directions for use of audio-visual material. These materials are one method for developing empathy.
5. **Class Discussion** - Students should be encouraged to ask questions and talk about their feelings. It is important to accept feelings - even negative ones. Rather than judge students' feelings, the teachers should help the students to discover why they have a particular feeling.

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6. **Guest Speakers** - Probably the most important and enjoyable activity of the program is providing an opportunity for students to interact with handicapped people. This experience allows the student to perceive the handicapped person as an individual with feelings, needs, talents and problems similar to themselves.

Speakers may be found by asking friends, or contacting local agencies such as: The Association for the Blind, Division of Vocational Rehabilitation, Easter Seal Society, United Cerebral Palsy, local hospitals, etc. Speaker discussion topics must be correlated with the objectives at each grade level. Personally meeting someone with a disability in a positive atmosphere is an important experience in developing acceptance and empathy towards handicapped people as worthwhile individuals.

PROGRAM IMPLEMENTATION

LEARNING CENTER INSTRUCTIONS

The material for all Activities at each level are housed in the Learning Center. Materials are stored in appropriately marked unit boxes according to grade levels. All materials which are necessary for the unit can be found in this box.

The teacher checks the unit material box out of the learning center by signing the sign out card located on the top of the unit box.

After each lesson the teacher should place the materials used back in the unit box. The unit material box should then be returned to the learning center so it is accessible to other teachers at this level.

USE OF THE TEACHERS MANUAL

As previously explained in the Overview, one lesson per week (of your choice) from the Activities section is to be completed with the students. The unit material boxes contain all the necessary articles for the lesson plan.

Starting with the first unit at your level, select one activity. After teaching the activity turn to the Lesson Plan Checklist located at the end of the unit and write the title of the activity on the line next to the appropriate week. Rate the Activity using the code on the Lesson Plan Checklist.

At the conclusion of each unit select one Activity which has been taught and evaluate this lesson on the Unit Evaluation Form (which follows the Lesson Plan Checklist). A Unit Evaluation Form must be completed for each unit.

CALL IN SCHEDULE

The "Call In" schedule provides the dates when Teacher Manuals are turned into the school office. At this time, the Lesson Plan Checklist and Unit Evaluation Forms are reviewed and initialed by the Principal. Teachers Manuals are then returned promptly to the teachers for continued program implementation.

SPEAKERS LIST

A minimum of one guest speaker per grade level will be arranged by the Principal or a designee. After Speakers have been scheduled teachers will be notified of the date, time and location of the speaking engagement. Whenever possible, teachers will be allowed to sign up for the time of their choice.

Teachers will be notified of speaker cancellations as soon as possible.

ASSESSMENT INSTRUMENTS

A Skill Attainment Checklist has been designed for each level of the program. These instruments are designed to measure the students achievement in terms of grade level objectives and concepts.

Student instruments are given pre and post the intervening program. Both experimental and control students participate in the assessment instruments to determine the statistical level of significance the project has achieved.

Complete instructions for the instruments are packaged with the assessment materials.

READABILITY STUDY

Nancy Updegraff
Reading Consultant

In each of the work sheets the readability level varies from two years below the grade for which the sheet was designed, to a half year above the grade listed on the top of the sheet. Therefore, the majority of the students (with some assistance on terms) should be able to read the worksheets.

Much of the terminology is complicated and difficult to pronounce. It is not important for students to correctly pronounce terms in order to identify them or to read the material around them. If a term seems bothersome tell the student to call it blank or blank and match or read as needed. For word puzzles the student should be able to locate the word or tell it is on a cross word puzzle by process of elimination even though they may not be able to correctly pronounce it. Worksheets can be done orally, in a group or in partners.

ACCEPTANCE OF SELF & OTHERS

(HANDICAPPED AND NON-HANDICAPPED)



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
TITLE IV C

INTRODUCING THE UNITS

Project C.H.A.N.G.E. has been written to educate children about handicaps and handicapped people. It also attempts to awaken in the children an understanding that handicapped people have feelings and a sense of self worth just as normal people do. The curriculum and lesson plans are provided by Project C.H.A.N.G.E., but it is the teacher who makes the program a success in the classroom.

In order for the lessons to be more effective, a teacher should become familiar with the topic by reading the objectives and concepts of the unit. A teacher who is acquainted with the information on handicaps feels more confident about relating and discussing it with the students.

As a reinforcement, the teacher should teach the concepts of each unit prior to doing the lesson plans. This can be done by simply reading the concepts to the students and discussing important points with them.

Project C.H.A.N.G.E. provides the information for children to gain knowledge about handicaps and to develop a positive attitude toward handicapped people. It is the teacher who gives the students the opportunity to gain cognitively and affectively by making a conscientious effort to implement Project C.H.A.N.G.E. into the classroom.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: ACCEPTANCE OF SELF AND OTHERS

The purpose of PROJECT C.H.A.N.G.E. is twofold. One purpose is to educate non-handicapped children about the disabilities that are effecting handicapped people. In order to do this the children first study the normal function of the body and then they study the disabilities.

The second purpose for the program is to attempt to change the attitudes of the children toward handicapped people. The non-handicapped children must realize that handicapped people have the same needs and wants as they do. The handicapped feel they have a contribution to make to society despite their disability.

The first unit to the 7th Grade Curriculum is organized to change the attitudes of non-handicapped children toward handicapped people.

The objectives and concepts to be studied in the Acceptance of Self and Others unit are:

Major Curricular Topic	Objective	Concept
Acceptance of Self & Others	The student can define the meaning of the word "feelings".	Feelings are impressions that one has toward something that has been observed or experienced. These impressions are a result of one's emotional state at the time of observation or experience.
	The student can identify the influences causing specific feelings.	Feelings are affected by a person's inherent make-up as well as the surrounding environment, i.e., parents, teachers, peers, physical environment.
	The student can identify the ways in which a person can express feelings.	A person can directly express feelings. That is a person relates just what feeling is being experienced at that time. A person can suppress feelings by expressing feelings which are opposite the ones actually being experienced. A person can suppress feelings to the point where a physical ailment arises because emotions need a form of expression.
	The student understands the importance of learning and understanding his feelings.	It takes a great deal of courage to think about one's feelings and to truthfully express one's feelings. When dealing with feelings in this manner, a person is learning about himself as an individual, and is also learning about what other people are like.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS**

ACTIVITY:

Filmstrip: Reflections

OBJECTIVE:

The students can identify the influences causing specific feelings.

The students can identify the ways in which a person can express feelings.

The students understand the importance of learning and understanding one's feelings.

MATERIALS:

Filmstrip: Reflections (Nystrom, 1975). Kit 3.

PROCEDURE:

(Before viewing Filmstrip)

Relate the following points to the class.

Feelings are affected by a person's inherent make-up as well as the surrounding environment, i.e. parents, teachers, peers, physical environment.

A person should express his feelings by relating the feeling being experienced at a particular time. However, a person suppresses feelings by expressing ones' opposite those actually being experienced.

Suppressing one's feelings can cause a person to develop physical ailments because emotions need a form of expression.

It takes a great deal of courage to think about one's feelings and to truthfully express one's feelings. When dealing with feelings in this manner, a person is learning about himself as an individual, and learning about what other people are like.

Tell the class to keep these points in mind while they are viewing the filmstrip.

After the class has viewed the filmstrip, ask them for examples that reflect these points. They should be able to relate examples for each point except for the suppression of feelings.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS**

ACTIVITY:

Activity Sheets for the filmstrip, Reflections.

OBJECTIVE:

The students can identify the ways in which a person can express feelings.

The students understand the importance of learning and understanding one's feelings.

MATERIALS:

Activity Sheets:

- 21 - Finding Me
- 22 - I'd Like to be Remembered
- 23 - My Environment
- 24 - Partly Cloudy, Partly Sunny

Supplement to Reflections Filmstrip (Kit 3, Nystrom, 1975)

PROCEDURE:

Review the conclusions made as a result of the lesson in which the students discussed the Reflections Filmstrip.

To reinforce the points discussed in the last lesson any one or all of the four activity sheets can be done by the members of the class.

The Mental/Social Me
ACTIVITY SHEET 21



Name _____

Section _____ Date _____

FINDING ME

BACKGROUND: Have you ever listened to the lyrics of a song and said to yourself, "Hey, that sounds just like me"? Or, have you read a poem or a section of a book that expressed exactly what you think or feel? Songwriters, poets, and novelists are all in the business of projecting human feelings in the works they produce. Sometimes the same feelings are projected in various kinds of works. And, sometimes, these feelings are the same as ours.

ACTIVITY: Select a song that is particularly appealing to you because it expresses how you feel. Listen to the words of the song. Study them. Then find a story or a poem in which the writer has expressed the same or similar feelings. Compare the two forms of expression.

1. Are the artists saying the same thing?
2. Are there differences between the feeling you have and the feelings expressed in the works?
3. What is the time span between the time the song was written and the time the poem or book was written?
4. Do you think feelings felt and expressed today are the same as in decades and centuries past?

Repeat the activity, but this time find a poem or section of a book expressing an opposite feeling expressed in the lyrics of the song. Make the comparisons as before.

1. Are the artists saying the same thing?
2. Are there differences between the feeling you have and the feelings expressed in the works?
3. What is the time span between the time the song was written and the time the poem or book was written?
4. Do you think feelings felt and expressed today are the same as in decades and centuries past?

EXTENSION: Listen to a number of songs written by the same person. Or, read a number of poems by the same poet. Attempt to recognize the different feelings being expressed in the works. How many feelings are expressed? Which feelings are expressed most often? Which ones of the songs or poems are most like you? Are there any of the songs or poems that express feelings you disagree with? If so, what are these feelings?

The Mental/Social Me

ACTIVITY SHEET 22



Name _____

Section _____ Date _____

I'D LIKE TO BE REMEMBERED...

BACKGROUND: Each of us has needs that must be satisfied in order for us to be well and feel well. Many of these needs are the same for each of us. In addition to the basic needs, there are wants each of us has; things we want to have, things we want to do, things we want to have happen. Few of us will meet all of our needs and wants within our lifetimes. But, during our lives, each of us will achieve some things. Each of us will have accomplished some things to make us distinctive. Each of us will have done some things that will cause people to know that we did exist and that we did affect our environment. There is a phrase in Spanish, "Pasó por aquí," which expresses this idea simply. Translated, it is, "He passed this way."

ACTIVITY: Humans are mortal. Therefore, the time any of us has to achieve all we want is limited. If you could choose ten most important things you would do if you could during your lifetime, what would they be? In other words, what ten things would you like to be remembered for? Consider your choices carefully. Then write them. It is not necessary to list them in order of most important. Just list the ten you select.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

EXTENSION: You might share your list with others. Do you find similarities in the lists? Are many of the things listed by individuals what you would expect these persons to list? Make a survey to determine the different accomplishments listed and the frequency of their listings. Make a graph and report your findings to the class.



Name _____

Section _____ Date _____

MY ENVIRONMENT

BACKGROUND: The human environment of each of us includes a number of other people. We do not react to or interact with all of these people in the same way. We relate differently to different people.

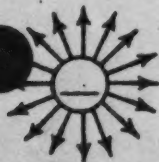
ACTIVITY: At the bottom of this sheet is an interaction wheel. Draw the wheel, greatly enlarged, on another paper. To use the wheel, print at the tip of each arrow the name of some person now involved in your life. You may add more lines and arrows to the wheel. Then, using colored pencils, draw the indicated symbols on the line between you and the appropriate person's name to identify each of these people in your human environment.

- A blue circle for the person or persons you love most
- A red circle for the person or persons you like least
- A green circle for your best friend
- A blue triangle for the person you trust most
- A red triangle for the person you trust least
- A green square for the person(s) you spend most of your time with
- A blue square for the person(s) you'd like to spend most of your time with
- A red square for the person or persons you would like to spend less time with than you are forced to
- A green star for the person you would feel most comfortable going to with a serious problem
- A blue star for the person you find most interesting
- A red star for the person you find most boring to be around
- A blue rectangle for the person who has the friendliest personality
- A red rectangle for the person who is least friendly to you
- A blue hexagon for the person or persons you feel have the strongest positive influence on you
- A red hexagon for the person you feel has or has had the poorest influence on you

Up to this point, you have been placing the symbols on the lines between your name and the names of others. For the next set of identifications, draw the symbol about the name of the person you feel best fits the description.

- A blue circle around the name of the person you respect most
- A blue square about the name of the person you would most like to trade places with
- A green square about the name of the person you feel would be most able to give you advice about your future
- A red circle about the name of the person you are most likely to lose contact with first
- A blue triangle around the name of the person you find most exciting

Now you have completed your wheel of interaction. Examine it closely. In general, the blue symbols indicate persons you have very strong positive relationships with. The green symbols indicate persons you have special relationships with. The red symbols indicate people you have poor relationships with. A close study of your wheel of interactions can provide you with a way to reassess your feelings about and the relationships you have with the people in your human environment.





Name _____

Section _____ Date _____

PARTLY CLOUDY, PARTLY SUNNY

BACKGROUND: How we feel about things often affects how we react. At different times, we might react differently to the same situation.

ACTIVITY: Obtain a straight-sided glass container and determine the middle of it. Add water to the container to the half-way level. Look at the container and describe it.

Did you say the container was half-full, or half-empty?

When it is a day with some sunshine and some clouds, how do you describe it? Do you say it is partly cloudy, or do you say it is partly sunny?

Read the following statements, one at a time. Write your reaction as to what you think is happening in each situation. Don't try to carefully analyze the situation. Just react and write what you feel.

1. You arrive home and your mother tells you that your teacher called.
2. In school, a long-haired boy passes a small bag to another boy.
3. At a party, your friends, standing together in a group, suddenly stop talking when you come into the room.
4. After donations are asked for in a large meeting, the person next to you passes the box without putting anything into it.
5. Riding your bike home, you see a neighbor lady spank her eight-year-old boy.
6. You arrive early at school and go to the science room to feed the hamsters being studied. You find their cage empty. They were your hamsters.
7. You approach your home and find a police car parked in front.

Check your responses. How many of your reactions were negative? How many were positive? What do you think days are for you, partly sunny or partly cloudy?

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS

ACTIVITY:

Filmstrip: Awareness
Activity Sheets: 7 and 8

OBJECTIVE:

The students can define the meaning of the word feelings.

MATERIALS:

Filmstrip: Awareness (Nystrom, 1975) Kit 3
Activity Sheet 7: Expressions of People
Activity Sheet 8: Taking a Look at My Feelings

PROCEDURE:

Let the class view the filmstrip.
Once the filmstrip has been viewed, have the class discuss the meaning of the word feelings. Feelings are impressions one has toward something that has been observed or experienced. These impressions are a result of one's emotional state at the time of observation or experience.

After establishing a definition of feelings, relate the following points to the class,

A person's feelings are what make him an individual. Some feelings are the same as others' feelings and yet some feelings are different from those experienced by others. This is because each person has an intellect and the 5 senses.

The feelings already experienced by an individual will affect his observations and experiences in the future. However, feelings can change as a person grows mentally, physically, and emotionally. Feelings also change because a person develops security in the world around him.

Have each class member do the activity sheets to reinforce the points that have already been discussed. If necessary, let the class do the activity sheets at the next class meeting.



Name _____

Section _____ Date _____

EXPRESSIONS OF PEOPLE

BACKGROUND: Much of human experience is found to be common to people of all cultures, of all ages, and of all times. Yet, each individual must have these experiences personally if true awareness is to take place.

In life, each of us goes through a wide range of personal experiences. As we have these experiences we react to them, each in our own way. We develop feelings and attitudes about these things we experience. Sometimes, these feelings are shared with others through expressions we give to our thoughts.

ACTIVITY: Read the five lines below, slowly and thoughtfully.

You are a child of the universe.

You are one in nature, surrounded by beauty.

You are one in the present, affected by change.

You are one in humanity, interacting with people.

You are one in your being, emerging your way.

Now, read the lines again and as you do, consider the thoughts and ideas that develop in your mind about you as a person. Write down a few of your ideas as they occur at each of the lines. Use the space provided.

Choose one or two other members of the class who also have done this and get in a group. Share with each other some of the ideas and thoughts you wrote down. Then, talk together about the ideas each of you has relating to these questions about your thoughts and experiences.

1. What does the phrase "a child of the universe" mean to you?
2. What experiences have you had that gave you the feeling you were surrounded by beauty? Do you think other people you know ever feel surrounded by beauty? Is beauty the same to everyone?
3. What experiences of yours have indicated that you are in the middle of many changes going on around you?
4. How many people have you related to today through talking, smiling, nodding, listening, touching, seeing, shouting at, or otherwise? Do you think most people relate to others as much as you do?
5. In what ways, do you think, are you becoming a better person? In what ways do you wish to become a better person?

Compare some of your experiences with those described by others of the group. Do you find that other people have had similar experiences to yours?



Name _____

Section _____ Date _____

TAKING A LOOK AT MY FEELINGS

BACKGROUND: Sometimes, as we live in the same environment with the same people and the same things day after day, we lose the ability to be in touch with our real feelings about the things going on and our attitudes toward ourselves. One way to break out of this situation is to sit down and really think about the things that are important to you as an individual. Another way to get in touch with yourself is to talk with other people about your feelings. But first, you need to know what your feelings are.

ACTIVITY: To help you get in touch with your feelings, a number of statements expressing feelings are started, but not completed. Read each of the beginnings and then complete it expressing your own thoughts and feelings. Try not to think too long about each one, but be as honest as you can.

1. I hope... _____
2. I fear... _____
3. I am happy when... _____
4. I hate... _____
5. I am embarrassed when... _____
6. I love... _____
7. I am really interested in... _____
8. In my leisure time I like to... _____
9. The person who I feel closest to is... _____
10. I am... _____
11. I am going to... _____
12. I am like other people because I... _____
13. I am different from other people because I... _____
14. The most important thing I want to accomplish is... _____
15. The person I respect most is... _____
16. The person I wish I could be like is... _____
17. The thing that bothers me most about some people is... _____
18. One thing I find it hard to say to friends is... _____
19. One thing I find it hard to do when with friends is... _____
20. One thing I find it hard to say to my parents is... _____

EXTENSION: Share your list with a friend and compare your feelings.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS
(HANDICAPPED AND NON-HANDICAPPED)

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CEREBRAL FUNCTION



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.C.E.
 7TH GRADE CURRICULUM
INTRODUCTION: CEREBRAL FUNCTION

This unit of instruction is presented to the students so they have a knowledge of the various parts of the brain, and how these parts function to give each person an intellect and an emotional make-up.

Knowing the mechanics of the brain is an important base for the disability units of Mental Retardation, Learning Disabilities and Emotional Problems. A thorough knowledge of cerebral functioning will enable students to understand the concepts of later units.

The objectives and concepts to be studied in this unit are:

UNIT	OBJECTIVE	CONCEPT
Cerebral Function	The student will be able to define the word brain.	The brain is that part of the Central Nervous System that controls the physical and the mental processes, so an individual can respond to the internal needs of the body and the environment surrounding the body.
	The student can identify and locate specific parts of the brain.	The specific parts of the brain are: the cerebrum, composed of cerebral cortex or gray matter; cerebellum, medulla oblongata; thalamus and hypothalamus.
	The student can identify the protective coverings of the brain.	The protective coverings of the brain are: the cranium (skull) and the meninges. The cranium being a bone, and the meninges being three membranes located between the skull and the cerebrum.
	The student is aware that the brain is surrounded by fluid and the function of this fluid.	Cerebrospinal fluid is found between the meninges, and it's function is to act as a shock absorber to prevent damage to the brain.
	The student can identify the function of each specific part of the brain.	The specific parts of the brain and their functions are: <u>Cerebrum</u> - learning, memory, planning, imagination, reason, intelligence and personality; <u>Cerebellum</u> - muscle coordination, walking, playing ball, etc. and balance; <u>Pons</u> - connects various parts of the brain to one another and acts as a relay station for nerve impulse coming to and going from the brain;

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION**

ACTIVITY:

Lecture: The Brain and the Spinal Cord
Word-definition matching sheet

OBJECTIVE:

The students can define the word brain.

The students can identify and locate specific parts of the brain.

The students can identify the function of each specific part of the brain.

MATERIALS:

The Human Body: Systems for Sensing and Moving
5 The Brain and the Spinal Cord (EBE, 1977)
Activity Sheet: Matching

PROCEDURE:

Lecture the class on cerebral function by reading the information directly from the card.

The matching exercise is composed of the vocabulary words on the card. The class can do the activity sheet after listening to the lecture. The card can be pinned to the bulletin board to be used as a reference by the students while they do the activity sheet.

ANSWER KEY:

1. D
2. C
3. F
4. I
5. L
6. G
7. A
8. B
9. K
10. J
11. H
12. E

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTIONS

NAME _____

DIRECTIONS:

Match the definitions in the right column to the correct word in the left column.

MATCHING

- | | |
|----------------------|--|
| 1. Brain Stem | A. Controls a person's breathing, heartbeat, and blood pressure. |
| 2. Cerebellum | B. Back part of the brain |
| 3. Cerebral Cortex | C. Portion of the brain responsible for muscular coordination. |
| 4. Cerebrum | D. Bundle of nerve tissue connecting the brain and spinal cord. |
| 5. Frontal Lobe | E. Nerve cells. |
| 6. Hypothalamus | F. Gray matter. |
| 7. Medulla Oblongata | G. Structure deep inside the brain controlling hunger and body temperature. |
| 8. Occipital Lobe | H. Structure deep inside brain controlling respiration. |
| 9. Parietal Lobe | I. Part of the brain responsible for the powers of thought, consciousness and reasoning. |
| 10. Temporal Lobe | J. The bottom part of the brain. |
| 11. Thalamus | K. The mid-part of the brain. |
| | L. The fore-part of the brain. |



PROJECT: C.H.A.N.C.E.
 7TH GRADE CURRICULUM
CEREBRAL FUNCTION

ACTIVITY:

Filmstrip: "The Nervous System and Our Senses"

OBJECTIVES:

The students can define the word brain.

The students can differentiate between a voluntary action and an involuntary (reflex) action controlled by the brain.

The students can identify the parts of the brain which are involved in a voluntary response and an involuntary response.

MATERIAL:

Filmstrip: "The Nervous System and Our Senses" (Encyclopedia Britannica Educational Corp., 1979)

PROCEDURE:

After the filmstrip has been viewed by the class review the definition of the word 'brain' with them.

By means of a lecture, relate to the class the difference between a voluntary action and an involuntary action by defining the two terms.

A voluntary action is a result of the cerebrum, which has association areas which store information from past experience, working with the other parts of the brain to formulate a response to the stimulus that has come into the brain.

The stimulus comes into the brain by means of the nerve receptors (afferent nerves) which are the skin and senses.

The two people playing tennis is an example of a voluntary action. The brain determines when the racket should be swung to hit the ball by interpreting the information coming into it from the eyes and body. The nerves activated by the brain to hit the ball with the racket are called the efferent nerves.

Thus a voluntary action is the result of the stimulus being received by the afferent nerves, the impulse travelling from these nerves to the brain, for interpretation, and the brain responding to the stimulus by sending an impulse to the efferent nerves.

An involuntary action is a response which has occurred previously to the same or similar stimuli. The cerebrum does not play a role in the response because no thought is necessary. The response has become a reflex action, i.e. the nervous system automatically responds to the stimulus.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION

PROCEDURE:

The stimulus is received by the afferent nerve and the appropriate response is automatically made by the efferent nerves.

An example of a reflex action would be a person knowing how to type. A proficient typist hits the proper keys on the typewriter without having to first think about which key to hit.

The same can be said of the tennis players in the filmstrip. Once the players have learned the forehand stroke, they no longer have to think about positioning their bodies and swinging the racket.

Thus an involuntary action is one in which a response is made to a stimulus without interpretation by the brain.

The cerebrum is mainly responsible for voluntary actions because parts of it are known as association areas. These areas are where the thinking process occurs. The cerebrum evaluates the stimulus before the brain as a whole tells the body how to respond.

The medulla oblongata is the source of most of the involuntary actions. These actions are also called reflex actions because the response is an automatic one. No thought is necessary so, therefore, the cerebrum plays no role. A reflex action can also originate in the spinal cord.

PROJECT: G.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION

ACTIVITY:

- Fact Sheet
Activity Sheets: Parts of the Brain (label)
Lobes of the Brain (label)
Sentence Completion

OBJECTIVES:

- The students can identify and locate specific parts of the brain.
The students can identify the functions of each specific part of the brain.
The students can differentiate between a voluntary action and an involuntary action.

MATERIAL:

- Fact Sheet: Cerebral Function
Activity Sheets: Parts of the Brain (label)
Lobes of the Brain (label)
Sentence Completion

PROCEDURE:

Distribute the fact sheet to the students, discuss it and allow them to use it as a reference for the tasks. The students can then do the activity sheets. Relate the answers to the labelling sheets to the students the last few minutes of the class period.

ANSWER KEY:

Parts of the Brain (label)

1. Thalamus
2. Cerebellum
3. Medulla Oblongata
4. Brain Stem
5. Pituitary Gland
6. Hypothalamus
7. Cerebrum

Lobes of the Brain (label)

1. Cerebellum
2. Occipital Lobe 0
3. Parietal Lobe X
4. Frontal Lobe ...
5. Temporal Lobe ////

Sentence Completion

1. Voluntary
2. Parietal
3. Cerebrum
4. Brain
5. Involuntary
6. Pituitary
7. Hypothalamus
8. Temporal Lobe
9. Efferent nerve
10. Medulla Oblongata

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION**

FACT SHEET

The brain is that part of the central nervous system that controls the physical and mental processes so an individual can respond to the internal needs of the body and the environment surrounding the body.

The specific parts of the brain and their function are:

Cerebrum - learning, memory, planning, imagination, reason, intelligence, and personality.

Cerebellum - muscle coordination, walking, playing ball, etc., and balance.

Medulla Oblongata - controls the vital centers, i.e. breathing, heart rate (beat), reflex actions, e.g. digestive process, coughing, sneezing, vomiting.

Thalamus - integrates muscle movement and body position, i.e. awareness of body in space, differences in temperature, pain, and touch.

Hypothalamus - controls hunger, sleep, regulates body water and body temperature.

Brain Stem - bundle of nerve tissue connecting the brain and spinal cord.

Pituitary Gland - gland at the base of the brain secreting a number of hormones which regulate growth, reproduction, and various metabolic activities.

The lobes of the brain are:

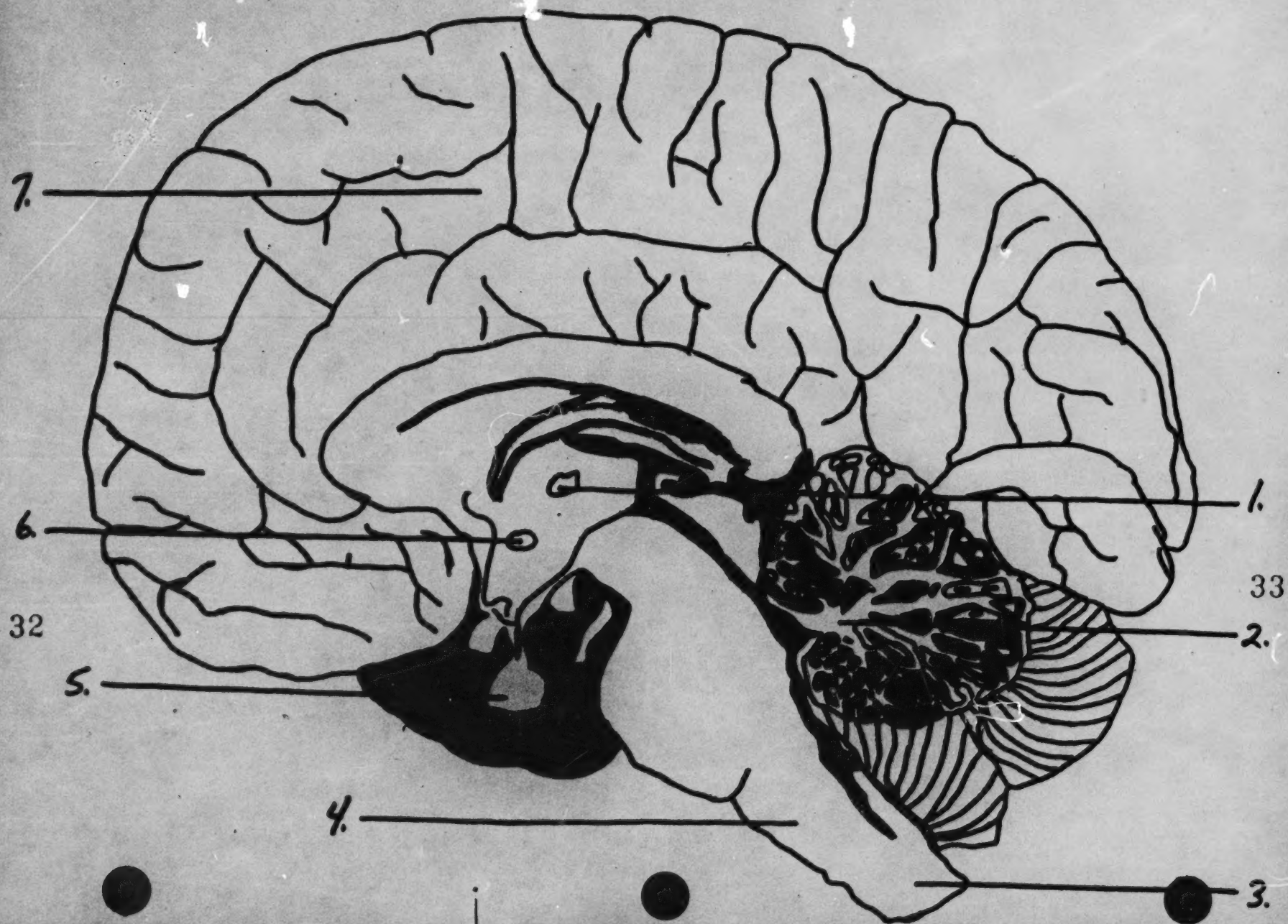
1. Occipital Lobe - back part of the brain
2. Parietal Lobe - mid-part of the brain.
3. Frontal Lobe - fore-part of the brain
4. Temporal Lobe - bottom part of the brain

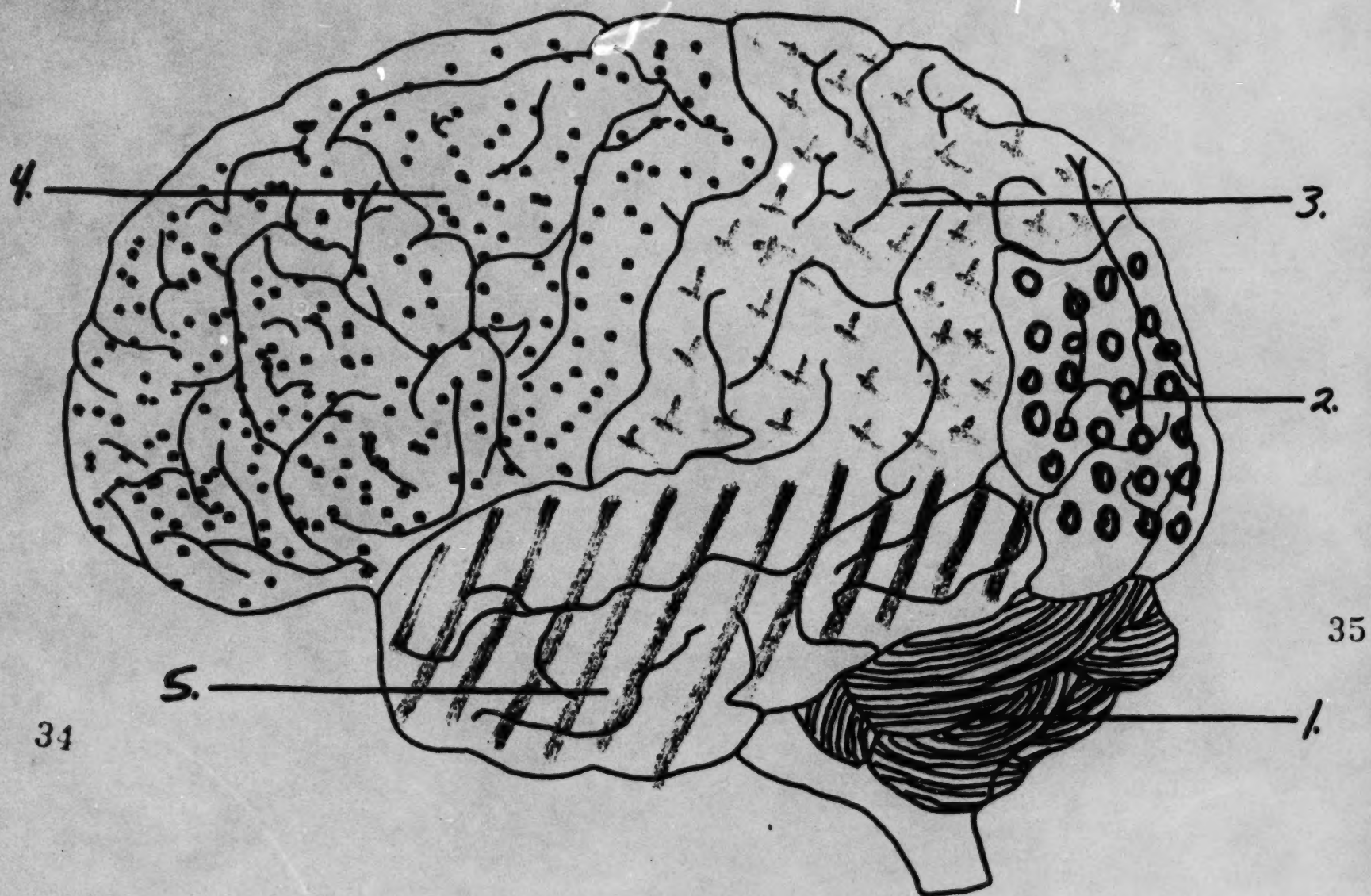
A voluntary action is a result of the cerebrum. The cerebrum has association areas which store information from past experiences. The cerebrum works with the other parts of the brain to make a response to the message that has come into the brain. An example is hearing a bee buzzing, you look for it and move from the area.

An involuntary action is a response which has occurred previously to the same or similar stimuli (message). The cerebrum does not play a role in the response because no thought is necessary. The response has become a reflex action, i.e. the nervous system automatically responds to the stimulus (message). For example, breathing is an involuntary action.

Afferent nerve - receives a stimulus (message) from various parts of the body and then sends it to the brain. (Messages going to the brain).

Efferent nerve - nerve which carries a response from the brain to other parts of the body. (Messages coming from the brain).





PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION

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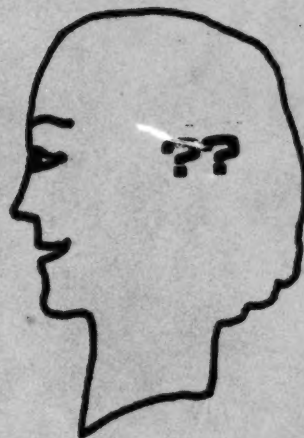
PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
CEREBRAL FUNCTION

SENTENCE COMPLETION

1. A person learning to play tennis must think about the motion of the stroke with the racket and about the striking of the ball with the racket. This is an example of a _____ action.
2. The _____ lobe is the mid-part of the brain.
3. The part of the brain responsible for learning, memory, and reason is known as the _____.
4. The part of the central nervous system that controls the physical and mental processes, so an individual can respond to the internal needs of the body and the environment surrounding the body is the _____.
5. An example of an _____ action is a person being proficient at typing. The individual hits the proper keys on the typewriter without having to first think about which key to hit.
6. The gland controlling a person's rate of growth is the _____.
7. Hunger, sleep, and body temperature are controlled by the _____.
8. The bottom part of the brain is the _____.
9. The nerve carrying the brain's response to a stimulus to other parts of the body is the _____.
10. The _____ controls breathing and heart beat.

MENTAL RETARDATION

CAT



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
 7TH GRADE CURRICULUM
INTRODUCTION: MENTAL RETARDATION

Mental Retardation is presented as the first disability unit in order to illustrate the severe deficits which can occur when the cerebral system is only capable of minimal intellectual functioning. Having previously studied the Cerebral Function Unit, students will have a basis for understanding the concepts associated with retardation.

UNIT	OBJECTIVE	CONCEPTS
Mental Retardation	The student can define the term, mental retardation.	Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. (1973 definition from the American Association on Mental Deficiency).
	The student can identify the criteria for classifying an individual as being mentally retarded.	The criteria for classifying an individual as being mentally retarded are: 1) An I.Q. score of 70 or below. 2) Deficits in adaptive behavior, i.e., the individual is not exhibiting behavior that shows how readily they are adapting to the environment around them. Adaptive behavior for younger children is the development of sensory motor skills, self-help skills, and socialization. For adolescents, it refers to the application of basic academic skills in daily life activities, application of appropriate reasoning and judgment in mastery of the environment, and social skills. Vocational and social responsibility are the criteria for adaptive behavior in adulthood. 3) Retardation is manifested during the developmental period (between the prenatal period and eighteen years of age). All three criteria must be exhibited by a person in order for him or her to be classified as mentally retarded.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: MENTAL RETARDATION (continued)

UNIT	OBJECTIVE	CONCEPTS
Mental Retardation (cont.)	The student can identify the classifications of mental retardation based on I.Q.	Mild Mental Retardation (MMI) I.Q. 52-67 Moderate Mental Retardation (SMI) I.Q. 36-51 Severe Mental Retardation (Custodial) I.Q. 20-35 Profound Mental Retardation (Custodial) I.Q. Less than 20
	The student can identify some characteristics of the mentally retarded.	Most retarded children have many of the following characteristics although it is important to remember that each child, even though retarded, is a unique individual and must be regarded as such, and not stereotyped. 1. Delayed achievement of developmental skills, such as sitting, walking, feeding, talking, and dressing. 2. Problems in gross motor and fine motor coordination. 3. Language disabilities and speech impairments. 4. Poor performance on verbal and non-verbal tests of intelligence. 5. Difficulty in concept formation - they can deal with concrete materials but have difficulty working with abstractions. 6. Short attention span. 7. Poor short-term memory skills. 8. Perseveration - rigid approach to problem solving. 9. Social immaturity.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: MENTAL RETARDATION (continued)

UNIT	OBJECTIVE	CONCEPTS
Mental Retardation (Cont.)	The student can identify the causes of mental retardation.	The causes of mental retardation are: 1. <u>Genetic</u> A. Extra chromosomal material: errors in cell division resulting in too many or too few chromosomes. Down's Syndrome (Mongolism) is a result of a person having an extra chromosome. Instead of 46 chromosomes a person with Down's Syndrome has 47 chromosomes. B. Mutation: a change in the genetic code of the DNA molecules of which the gene is constructed. C. Genetic susceptibility to a disorder: though not directly inherited, one might have a gene-given disposition toward a condition (e.g. epilepsy, some forms of psychosis, etc.) D. Varying results from similar gene distribution: the same genetic combination might produce different symptoms in different individuals, some pathological, some not. E. Indirect genetic causes: genetic factors sometimes cause biological conditions which in turn cause damage (e.g. Phenylketonuria and galactosemia are hereditary disorders in themselves, in which the improper metabolism releases injurious waste products into the system).

UNIT	OBJECTIVE	CONCEPTS
Mental Retardation (Cont.)	The student can identify the causes of mental retardation.	Phenylketonuria - an inability of the body to assimilate phenylalanine, an amino acid, generally causing mental retardation. Galactosemia - a genetic defect resulting in an inability of the body to metabolize galactose, a sugar found in milk. 2. <u>Prenatal Causes</u> A. Damage to the central nervous system of the fetus: generally the earlier in the life of the fetus, the more severe the damage. B. Hemorrhage during pregnancy. C. Faulty prenatal care: this accounts for the slightly higher incidence of retardation in the lower socioeconomic classes. D. German measles, especially in the first three months of pregnancy. E. Maternal infections: toxemia, malnutrition, etc.. Though the placental shield usually protects the fetus, the danger of such infections is greatest during the first trimester (first three months) of pregnancy. F. Congenital syphilis (paresis): the relationship is as yet unknown, but often results in progressive retardation.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: MENTAL RETARDATION (continued)

UNIT	OBJECTIVE	CONCEPTS
Mental Retardation (Cont.)	The student can identify the causes of mental retardation.	G. Maternal age: the age of the mother (but not the father) is related to the likelihood of retardation in the offspring. The exact reason is unknown, but is believed to be related to the mother's so-called exhausted fertility. H. Prematurity, anoxia, drugs taken by the mother, etc.. 3. <u>Postnatal Causes</u> The incidence in this category is far less than in the others. The causes, which usually involve damage to the central nervous system, stem mainly from head injury (e.g. birth injuries, cerebral palsy, etc.); tumors, toxins, and infections (e.g. meningitis); encephalitis (e.g. prolonged high fever); and escaped cerebrospinal fluid Hydrocephalism). 4. <u>Psychological Causes</u> A. Rejection, indifferent maternal care, absence of warm relations during infancy. B. Experiential and sensory deprivations during infancy. C. Overprotection, emotional disturbance, lack of achievement motive, etc..

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION**

ACTIVITY:

Lecture on Mental Retardation
Filmstrip: The Retarded Child, Part I

OBJECTIVE:

The students know the definition of mental retardation.

The students can identify the causes of mental retardation.

The students can identify the classifications of mental retardation based on I.Q.

MATERIAL:

Filmstrip and Cassette: The Retarded Child, Part I
(Windmills Ltd. Production)

PROCEDURE:

Before the students view the filmstrip relate the information on the lecture sheet to the class, discuss and answer all questions.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION**

LECTURE SHEET

Mental Retardation is a marked subaverage I.Q. level existing with weakness in normal adapting behavior and occurring during the developmental stage.

An I.Q. score of 70 or below is significant subaverage general intellectual functioning.

Deficits in adaptive behavior refers to the individual not exhibiting behavior that shows how readily the person is adapting to the environment around him.

The developmental period is considered to be between the prenatal period and eighteen years of age. Prenatal period means the period during pregnancy.

The Intelligence Quotient (I.Q.) of an individual is used to classify mentally retarded persons. A person's I.Q. indicates the rate at which the person's intelligence is developing. If the average speed for a race is 100, and a person travels at 75, then that individual is moving at $\frac{3}{4}$ of average speed. In terms of I.Q. level, an individual with an I.Q. of 75 is growing in intelligence 9 months for every 12 months the person lives.

A mentally retarded person is classified according to I.Q. as follows:

<u>I.Q.</u>	<u>CLASSIFICATION</u>
52-67	Mild Mental Retardation (Slow Learner)
36-51	Moderate Mental Retardation (Trainable)
20-35	Severe Mental Retardation (Trainable)
Below 20	Profound Mental Retardation (Custodial)

The causes of mental retardation are:

1. Genetic

- A. Extra chromosome material resulting in too many or too few chromosomes. An example being Down's Syndrome (Mongolism) in which a person has 47 chromosomes instead of the 46 chromosomes in a normal person. The extra chromosome causes mental retardation.
- B. Any other genetic disorder such as mutation, genetic imbalance, and a hereditary disorder.

2. Prenatal Causes

- A. German measles
- B. Drugs taken by the mother
- C. Hemorrhaging by the mother
- D. Severe infections in the mother
- E. Age of the mother

MENTAL RETARDATION**3. Perinatal Causes (birth process)**

- A. Birth injury
- B. Use of instruments
- C. Oxygen deprivation
- D. Prolonged labor

4. Postnatal Causes (after the child is born)

- A. Head injuries
- B. Tumors
- C. Toxins
- D. Infections
- E. Encephalitis
- F. Escaped cerebrospinal fluid (Hydrocephalism)

5. Psychological Causes

The highest percentage of mental retardation is caused by psychological factors in the child's environment. Some of these factors are:

- A. Rejection, indifferent maternal care, absence of warm relationship during infancy and early childhood.
- B. Lack of sufficient experiences in early childhood. Children in poverty homes may not experience trips, books, or other stimulating things.
- C. Inadequate diet and medical care.
- D. Overprotection, emotional disturbance, lack of encouragement to succeed in school, and poor language patterns to imitate.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
TOPIC: MENTAL RETARDATION

ACTIVITY:

Filmstrip: The Retarded Child, Part II

OBJECTIVES:

The students can identify some characteristics of the mentally retarded.

MATERIAL:

Filmstrip: The Retarded Child, Part II
(Windmills Ltd. Production)

Worksheet: Characteristics of the Mentally Retarded

PROCEDURE:

Distribute the worksheet to the class. Read the worksheet with the class before viewing the filmstrip.

Explain to the class that they are to place a checkmark after each characteristic and as many times as each one is discussed in the filmstrip. Define and explain to the students any of the terms not understood by them.

After the filmstrip has been viewed by the class discuss examples of each characteristic related in the filmstrip. At the conclusion of the discussion relate to the class, retarded children should be regarded as individuals with each person having feelings.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION

NAME _____

WORKSHEET: CHARACTERISTICS OF MENTAL RETARDATION

1. Delayed achievement of developmental skills, such as sitting, walking, feeding, talking, and dressing.
2. Problems in gross motor and fine motor coordination.
Gross motor coordination is moving large body parts, i.e. arms, legs, to do a task.
Fine motor coordination is moving small body parts, i.e. hands, fingers, to do a task.
3. Language disabilities and speech impairments.
4. Poor performance on verbal and non-verbal tests of intelligence.
5. Difficulty in concept formation -- they can deal with concrete materials but have difficulty working with abstractions.
6. Short attention span.
7. Poor short-term memory skills.
8. Perseveration - rigid approach to solving a problem.
9. Social immaturity.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION**

ACTIVITY:

Mental Retardation Fact Sheet
Mental Retardation: Sentence Completion

OBJECTIVES:

- The students know the definition of mental retardation.
- The students can identify the classifications of mental retardation based on I.Q.
- The students can identify some characteristics of the mentally retarded.
- The students can identify the causes of mental retardation.

MATERIAL:

Fact Sheet: Mental Retardation
Worksheet: Mental Retardation: Sentence Completion

PROCEDURE:

- Distribute the fact sheet to the students so they can read the information on it.
- The class then does the Mental Retardation Sentence Completion Sheet referring to the fact sheet for the missing word or phrase.
- Collect the fact sheets from the students so they can be used again next week.

ANSWER KEY:

The answers to the Mental Retardation Sentence Completion are:

- | | |
|---------------------------------|----------------------------------|
| 1. Drugs | 6. Social Immaturity |
| 2. Down's Syndrome | 7. 52, 67 |
| 3. Mental Retardation | 8. 18 |
| 4. Moderately Mentally Retarded | 9. Perseveration |
| 5. Short Attention Span | 10. Profoundly Mentally Retarded |

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION

NAME _____

FACT SHEET

Mental Retardation is marked subaverage I.Q. level existing with weakness in normal adapting behavior and occurring during the developmental stage.

A marked subaverage I.Q. level is an I.Q. score of 70 or below.

Weakness in normal adapting behavior means an individual cannot function in the environment, that is home, school.

The developmental stage is regarded as the period between pregnancy and the age of 18.

Classifications of mental retardation are based on I.Q. as follows:

<u>I.Q.</u>	<u>CLASSIFICATION</u>
52-67	Mild Mental Retardation (slow learner)
36-51	Moderate Mental Retardation (trainable)
20-35	Severe Mental Retardation (trainable)
20 or below	Profound Mental Retardation (custodial)

Some of the important characteristics of retarded children are:

1. Development in walking, talking, etc., is at least three - four years behind the child's age.
2. Problems in walking, running, throwing, and catching (gross motor).
3. Problems in writing, drawing, tracing, and cutting (fine motor).
4. Problems in making whole sentences (language disabilities), and not saying speech sounds correctly (speech impairments).
5. Low scores (Performance) on intelligence tests.
6. Difficulty in concept formation - the mentally retarded can understand concrete materials (things which can be seen and touched); they do not understand an abstraction (guessing the possible choices for the ending of a movie or story).
7. Short attention span - retarded children cannot pay attention to an activity for a long period of time.
8. Poor short-term memory skills - difficulty following directions.

MENTAL RETARDATION

9. Perseveration - starting something and not being able to stop it, e.g. child is told to write his name on the paper, he cannot stop writing his name after the first time.
10. Social immaturity - child behaves years below his age (a ten-year old plays like a four-year old).

The causes of mental retardation are:

1. Genetic

- A. Extra chromosome material resulting in too many or too few chromosomes. An example being Down's Syndrome (Mongolism) in which a person has 47 chromosomes instead of the 46 chromosomes in a normal person. The extra chromosome causes mental retardation.
- B. Any other genetic disorder such as mutation, genetic imbalance, and a hereditary disorder.

2. Prenatal Causes

- A. German measles
- B. Drugs taken by the mother.
- C. Hemorrhaging by the mother.
- D. Severe infections in the mother.
- E. Age of the mother.

3. Perinatal Causes (birth process)

- A. Birth injury
- B. Use of instruments
- C. Oxygen deprivation
- D. Prolonged labor

4. Postnatal causes (after the child is born)

5. Psychological Causes

The highest percentage of mental retardation is caused by psychological factors in the child's environment. Some of these factors are:

- A. Rejection, indifferent maternal care, absence of warm relationship during infancy and early childhood.
- B. Lack of sufficient experiences in early childhood. Children in poverty homes may not experience trips, books, or other stimulating things.
- C. Inadequate diet and medical care.
- D. Overprotection, emotional disturbance, lack of encouragement to succeed in school, and poor language patterns to imitate.

NAME: _____

MENTAL RETARDATION SENTENCE COMPLETION

DIRECTIONS: Using the fact sheet, write the word or phrase needed to complete each sentence.

1. A cause of mental retardation during pregnancy is the mother taking _____.
2. _____ is a form of mental retardation because the person has 47 chromosomes instead of 46 chromosomes found in the normal person.
3. _____ is a marked sub-average I.Q. level existing with weakness in normal adapting behavior and occurring during the developmental stage.
4. A person with an I.Q. between 36 and 51 is classified as being _____.
5. A retarded child not being able to pay attention to an activity for a long period of time is a characteristic of mental retardation known as _____.
6. A mentally retarded child who plays with a set of building blocks when he is 12 years old is a characteristic known as _____.
7. The classification of mild mental retardation is based upon an I.Q. between _____ and _____.
8. In the definition of mental retardation, the developmental stage has been determined to be from pregnancy to the age of _____.
9. _____ is a characteristic of the mentally retarded where a retarded child who is supposed to write his name once will keep writing his name on the paper.
10. An I.Q. of 20 or below classifies a mentally retarded child as being _____.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION**

ACTIVITY:

Matching Sheet: Mental Retardation

OBJECTIVES:

The students know the definition of mental retardation.

The students can identify the classifications of mental retardation based on I.Q.

The students can identify some characteristics of the mentally retarded.

The students can identify the causes of mental retardation.

MATERIAL:

Fact Sheet: Mental Retardation

Matching Sheet: Mental Retardation

PROCEDURE:

Distribute the matching sheets to the students. Let them do the activity without using the fact sheet as a reference. When each student has finished the impromptu quiz refer them to their fact sheets so they can find the correct answers on their own.

ANSWER KEY:

- | | | | |
|------|------|------|-------|
| 1. E | 4. B | 7. C | 10. L |
| 2. A | 5. D | 8. I | 11. J |
| 3. F | 6. G | 9. K | 12. H |

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION**

MATCHING SHEET

- | | |
|---|---|
| 1. Down's Syndrome | A. Psychological cause of mental retardation. |
| 2. Lack of sufficient experiences in early childhood. | B. I.Q. is between 52 and 67. |
| 3. Characteristic of mentally retarded child | C. Characteristic of a mentally retarded child |
| 4. Mild Mental Retardation | D. Subaverage I.Q. level existing with weakness in normal adaptive behavior and occurring during developmental stage. |
| 5. Mental Retardation | E. Extra chromosome causing mental retardation. |
| 6. Prenatal Cause | F. Development of walking, talking, etc. is at least three years behind the child's age. |
| 7. Social Immaturity | G. Age of the mother |
| 8. Perinatal Cause | H. I.Q. between 36 and 51. |
| 9. Psychological Cause | I. Oxygen deprivation |
| 10. Profound Mental Retardation | J. Severe mental retardation |
| 11. I.Q. between 20 and 35 | K. Absence of warm relationship during infancy and early childhood. |
| 12. Moderate Mental Retardation | L. Classified as custodial |

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION

ACTIVITY:

Film: "Paige: Down's Syndrome"

OBJECTIVES:

The students know the definition of mental retardation.

The students can identify some of the characteristics and causes of the mentally retarded.

MATERIAL:

"Paige: Down's Syndrome", Encyclopedia Britannica, 1977, purchase or rental.

PROCEDURE:

The class is to view the film and discuss their reactions as a unit or in small groups with a designated group leader. The group leader can write down their comments and each group can report to the class.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
MENTAL RETARDATION

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LEARNING DISABILITIES

CAT



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: LEARNING DISABILITIES

Learning Disabilities is the second unit. This unit follows retardation in order to illustrate the sharp contrast between the two disabilities.

A learning disability affects an individual's ability to understand and/or use spoken or written language. There is a malfunction in the transmission of the nerve impulse when the individual is either receiving the message or responding to it.

Specific learning disorders, the academic areas affected by a learning disability, possible causes, and diagnosis are studied in this unit.

The objectives and concepts to be studied in this unit are:

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities	The student understands the definition of the term learning disabilities.	The definition given in the "Children With Specific Learning Disabilities Act of 1969" is as follows: "Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which may have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc.. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental deprivation".
	The student understands the classification of a child having a learning disability according to definition.	According to the definition, a child can be classified as having a learning disability by the following criteria 1. A child does not fit into any other area of exceptionality, ie., the child is not mentally retarded, emotionally disturbed, culturally deprived or sensorily handicapped. 2. A discrepancy exists between the potential capability of the child to learn and the actual performance of the child.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: LEARNING DISABILITIES**

UNIT	OBJECTIVE	CONCEPTS
Learning Disabilities (cont.)	The student can identify some specific learning disorders.	Some specific learning disorders occur in the areas of motor skills (gross and fine), visual skills (spatial orientation, memory, etc), auditory skill discrimination (memory, etc.), language skills (receptive, expressive).
	The student can identify academic areas affected by specific learning disorders.	Some academic areas affected by specific learning disabilities are: reading, spelling, writing, arithmetic, and language.
	The student can identify possible causes of a learning disability.	Many professionals believe that "true learning disabilities" are the result of a neurological disorder. Classifying a child as having a learning disability can sometimes lead to controversy, because many times a child does not exhibit evidence of a neurological dysfunction. Neurological dysfunctioning can be caused by: 1. Biochemical irregularities. 2. Subtle perinatal brain damage. 3. Circulatory, toxic, or metabolic functioning difficulties, as a result of disease during prenatal development. 4. Illness or injuries sustained during development and maturation of the central nervous system.
	The student can identify the basis for diagnosing a child as having a learning disability.	The procedure for diagnosing a learning disability is as follows: 1. Determine child's academic achievement - is there a discrepancy between potential and actual achievement?

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: LEARNING DISABILITIES

UNIT	OBJECTIVE	CONCEPTS
Learning Disabilities (cont.)		2. Analyze how the child learns: a. Is the child's problem one of receiving or processing and associating information? b. What are the child's strengths and weaknesses in learning visually, auditorily, and intersensory. c. What behavior characteristic d. How are learning problems attacked?
	The student knows the percentage of the population having a specific learning disability.	2% to 7% of the population exhibit a specific learning disability.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Filmstrip: Learning Disabilities
Lecture

OBJECTIVES:

The students know the definition of learning disabilities.

The students know that specific learning disabilities affect specific academic areas.

The students can identify some specific learning disorders.

The students can identify possible causes of a learning disability.

The students can identify the basis for diagnosing a child as having a learning disability.

The students know the percentage of the population having a specific learning disability.

MATERIAL:

Filmstrip and cassette: "Learning Disabilities", "Hello Everybody..." Stanfield Film Associates, 1977.

Lecture Sheet

PROCEDURE:

Have the students view the filmstrip before relating the information on the lecture sheet to them.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

LECTURE SHEET

A learning disability is a breakdown in the mental processes resulting in a problem with understanding or in using spoken or written language.

Matt, the subject of the filmstrip, has trouble remembering the sounds of certain words, and he also has trouble remembering the spelling of certain words. Matt's inability to remember affects his ability to read.

Academic areas other than reading affected by learning disabilities are spelling, writing, arithmetic, and language.

A number of other learning disabilities were mentioned in the filmstrip.

A lack of certain physical skills can indicate a learning disability. In the filmstrip two examples were given of a learning disability occurring in the area of physical skills. One example was the person who could not sit still long enough to study. The other example was the person with an eye-hand coordination problem. Because of this problem the person was unable to write and to hit a baseball.

Matt's inability to remember the spelling of words was one type of learning disability related to vision. Another learning disability related to vision is being unaware of your body position in space. The person bumping into objects while walking had this learning disability in the filmstrip.

A person can also have a problem speaking. When someone cannot express themselves orally, or cannot properly hear the spoken word, they have a learning disability related to language skills.

In the filmstrip the person could not express himself correctly when he failed to know the term fan belt.

The inability to understand the spoken word was depicted in the filmstrip when Matt was told to fill the bucket with water and instead he spilled the water from the bucket.

It is difficult to pinpoint the cause of a learning disability because a person does not have an obvious physical, vision, or auditory problem. The problem occurs when the message received is not understood by the brain. A nerve, or nerves, are not working properly so the brain can understand the messages.

A nerve or nerves can also incorrectly send a message from the brain to other parts of the body.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES - 2**

The failure of nerves to function correctly can be the result of any one of the following causes:

1. Irregularities in the chemicals of the body involved with the nervous system. (Chemical imbalance).
2. Brain damage possibly occurring during birth but not detected at the time.
3. Disease affecting development during pregnancy. The disease could have resulted in a circulation problem, could have produced a poisonous affect in the child, or could have affected the child's metabolism.
4. Illness or injuries to the central nervous system after the child is born can result in a learning disability.

It is difficult to determine the cause of a learning disability because the cause can occur during pregnancy or birth.

Diagnosing a learning disability is done by determining a child's academic achievement (how he does in school - grades on tests) and by analyzing how the child learns (teacher observation).

Matt was given a number of physical and mental tests to determine his performance in academic achievement and his ability to learn. These tests showed Matt's potential for academic achievement was greater than his actual achievement. They also showed his ability to solve problems and to learn skills other than reading.

Once Matt's learning disability was diagnosed it was then a matter of making Matt aware of the problem and prescribing a special program for him. Matt can learn to read it's just that it will take him a little longer to learn to read correctly.

In the filmstrip the woman from the child development center mentions the fact that one person in every classroom has a learning disability. To say this fact another way, 2% to 7% of the population have a learning disability.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Filmstrip: "At My Own Pace"

OBJECTIVE:

The students know the definition of learning disability.

The students know specific learning disabilities affect specific academic areas.

The students understand the feelings experienced by a person having a learning disability.

The students realize they must be very considerate toward a learning disabled person.

MATERIALS:

Filmstrip and cassette: "At My Own Pace" from the series "Mainstreaming: Hey, It's Just Me". Purchase or Rental

PROCEDURE:

Before the class views the filmstrip relate the following facts to them.

A learning disability is a breakdown in the mental processes resulting in a problem with understanding or in using spoken or written language.

Learning disabilities can occur in the areas of motor skills (gross and fine), visual skills (spatial orientation, memory), auditory skill discrimination, and language skills.

A learning disability can affect academic areas such as reading, spelling, writing, arithmetic, and language.

It must be remembered that a person having a problem learning a certain subject in school will not necessarily have a problem learning other academic subjects or learning to do skills outside of school.

AFTER VIEWING:

After the class has viewed the filmstrip, ask them if any one has felt frustrated by not being able to learn a skill.

The feeling of frustration experienced by members of the class in the same feeling Martin has when trying to learn reading. Martin's frustration is hard for him to understand because he does not know what it is that prevents him from reading.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES - 2

A person with a learning disability must therefore have the understanding of those people around him. Understanding on the part of others eases the frustration felt by a learning disabled person.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Fact Sheet on Learning Disabilities

Activity Sheet: Sentence Completion

OBJECTIVE(S):

The students know the definition of learning disability.

The students know that specific learning disabilities affect specific academic areas.

The students can identify some specific learning disorders.

The students know the percentage of the population having a specific learning disability.

MATERIAL:

Fact Sheet: Learning Disabilities

Activity Sheet: Sentence Completion

PROCEDURE:

Distribute the fact sheet to the class. They are to read the fact sheet before the activity sheet is given to them. Allow time at the conclusion of the period for the students to check their answers with the answer key. Collect the fact sheets from the students so they can use them during the next class period.

ANSWER KEY FOR SENTENCE COMPLETION

1. 2%, 7%
2. Chemical
3. Academic Achievement
4. Reading, arithmetic, language
5. Memory Disorder
6. Lack of Coordination
7. Breakdown, mental processes, problem understanding language
8. Illness
9. Perceptual
10. Perseveration

PROJECT: C.H.A.N.G.E. .
TITLE IV C ESEA
LEARNING DISABILITIES
FACT SHEET
SEVENTH GRADE CURRICULUM

1. A learning disability is a breakdown in the mental processes causing a problem in understanding or in using spoken or written language.
2. Two Percent to Seven Percent of the population have a learning disability.
3. A learning disability is caused by the failure of the nerves to properly send a message to the brain or to properly carry a message from the brain. Failure of the nerves to function properly can be due to any one of the following causes:
 - A. Irregularities in the chemicals of the body involved with the nervous system (chemical imbalance).
 - B. Brain damage possibly occurring during birth but not detected at the time.
 - C. Disease affecting development during pregnancy.
 - D. Illness or injuries to the central nervous system after the child is born can result in a learning disability.
4. Diagnosing a learning disability is done by determining a child's progress in school through grades and tests (academic achievement), and by analyzing how the child learns in the classroom (teacher's observations).
5. Specific learning disabilities affect school subjects such as reading, spelling, writing, arithmetic, and language.
6. Specific learning disabilities are:
 - A. Perceptual disorders - inability to know where body is in space; trouble seeing and/or hearing when there is no physical problem with their eyes and/or ears.
 - B. Hyperactivity - individual is so restless and fidgety it affects their ability to learn.
 - C. Hypoactivity - individuals have no energy to learn; they are always too tired physically to make an attempt at learning in school.
 - D. Lack of motivation - individuals have no desire to learn because they know the difficulty they have when trying to learn.
 - E. Inattention - inability to focus on any particular activity for any length of time.
 - F. Overattention - focusing on an activity, or object, without being able to break the focus.
 - G. Lack of coordination - clumsiness; inability to perform a physical activity, e.g. skipping or writing;
 - H. Perseveration - person persistently repeats themselves

PROJECT: C.H.A.N.G.E.
TITLE IV C ESEA
LEARNING DISABILITIES
FACT SHEET
SEVENTH GRADE CURRICULUM - page 2

either in writing or in oral response, e.g. child writing their name on an entire sheet of paper

- I. Memory disorders - person has trouble remembering word sounds and/or the spelling of certainb words.

PROJECT: C.H.A.N.G.E.
TITLE IV C ESEA
LEARNING DISABILITIES
SENTENCE COMPLETION
SEVENTH GRADE CURRICULUM

NAME: _____

DIRECTIONS: Write the missing word or phrase to complete each sentence.
Refer to the fact sheet when necessary.

1. _____ to _____ of the population have a learning disability.
2. A _____ imbalance in the nervous system is a cause of learning disabilities.
3. Diagnosing a learning disability is done by determining a child's _____.
4. Academic areas affected by specific learning disabilities are _____, spelling, writing, _____, and _____.
5. A _____ is when a person cannot remember the spelling of certain words.
6. Being unable to write and to throw a ball means a person is affected by a _____.
7. A learning disability is a _____ in the _____ resulting in a _____ with _____ or in using spoken or written _____.
8. A learning disability can be the result of _____ or injury to the central nervous system after birth.
9. Falling over objects while a person walks through an area of space could mean the person has a _____ disorder.
10. A student saying the answer over and over again to a question asked in class is a specific learning disability known as a _____.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Activity Sheet - Matching

Fact Sheet on Learning Disabilities

OBJECTIVE(S):

The students know the definition of learning disability.

The students know that specific learning disabilities affect specific academic areas.

The students can identify some specific learning disorders.

The students know the percentage of the population having a specific learning disability.

MATERIAL:

Fact Sheet : Learning Disabilities

Activity Sheet: Matching

PROCEDURE:

Distribute the fact sheet and matching sheet to the students. They are to complete the matching sheet while using the fact sheet as a reference. Allow time at the conclusion of the period for the students to check their answers.

ANSWER KEY FOR MATCHING:

1. H
2. C
3. B

4. I
5. A
6. G

7. E
8. D
9. F

PROJECT: C.H.A.N.G.E.
TITLE IV C ESSEA
LEARNING DISABILITIES
SEVENTH GRADE CURRICULUM

MATCHING

NAME _____

Match the learning disability with the example you think best describes it. Write the letter of the learning disability next to the number of each example.

- | | |
|---|-------------------------|
| 1. _____ A gas station attendant repeatedly washes the windshield of a customer's car. | A. Inattention |
| 2. _____ Matt has trouble remembering the sounds of certain words which affect his reading ability. | B. Hyperactivity |
| 3. _____ A child constantly gets up from his desk to walk around the classroom causing a disturbance to the other class members. | C. Memory Disorders |
| 4. _____ Sheila knows she has trouble when it's time to do her spelling so she has no desire to do it. | D. Lack of coordination |
| 5. _____ John will not pay attention to his arithmetic lesson long enough to learn to add three numbers together. | E. Hypoactivity |
| 6. _____ When the teacher tells the class to write each spelling word 5 times James writes the first word until the entire sheet is filled with the word. | F. Perceptual disorders |
| 7. _____ Jane sits at her desk in class feeling too tired to make any attempt at learning her lessons. | G. Perseveration |
| 8. _____ A child who cannot hit a baseball with the bat and also has trouble writing. | H. Overattention |

PROJECT: C.H.A.N.G.E.
TITLE IV C ESEA
LEARNING DISABILITIES
SEVENTH GRADE CURRICULUM
MATCHING

Page 2

9. _____ John is told to fill
the bucket with water but
instead he spills the
water from the bucket.

I. Lack of motivation

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Activity Sheet: Find-a-word gram

OBJECTIVE(S):

The students can identify some specific learning disorders and their causes.

MATERIAL:

Find-a word gram

PROCEDURE:

Distribute the activity sheets to the class. The students are to work on the sheet on their own. Allow time at the conclusion of the period for the class to check the answers.

PROJECT: C.H.A.N.G.E.
 TITLE IV C ESEA
 SEVENTH GRADE CURRICULUM
 LEARNING DISABILITIES
 FIND-A-WORD

NAME _____

DIRECTIONS: Find the words listed below in the puzzle and circle them.
 The words are in vertical, horizontal and backward positions.

INATTENTION
 PERSEVERATION
 HYPERACTIVITY

PERCEPTUAL DISORDERS
 HYPOACTIVITY
 MEMORY DISORDERS
 LEARNING DISABILITIES

LACK OF MOTIVATION
 OVERATTENTION
 LACK OF COORDINATION

K	O	F	N	I	O	T	A	N	I	D	R	O	O	C	Y	P	E	H	I	O	N	C	R	E	P	E	S
C	C	G	N	I	N	R	A	E	L	D	I	S	A	B	I	A	T	S	H	Y	P	E	R	A	C	R	T
A	P	L	V	E	R	S	R	E	D	R	O	S	I	D	L	A	U	T	P	E	C	R	E	P	E	N	O
L	E	A	A	R	N	P	E	R	C	E	P	T	N	U	A	O	O	O	C	N	A	T	I	D	E	E	F
A	C	O	O	N	S	R	E	D	R	O	S	O	D	M	O	V	T	I	V	A	T	I	R	T	T	M	C
B	H	Y	P	O	O	A	C	T	I	V	I	M	E	M	O	E	Y	N	O	N	T	O	T	I	O	N	O
I	N	A	I	N	A	T	T	E	N	T	I	O	N	O	O	R	D	V	I	N	S	A	T	U	A	L	O
N	M	E	M	O	R	Y	I	N	T	E	N	T	I	O	N	A	E	R	P	I	E	D	I	S	O	R	R
A	E	M	A	E	L	N	I	O	T	A	N	I	D	R	C	R	O	O	D	V	I	T	Y	H	Y	P	D
T	I	O	E	P	E	R	N	C	N	O	V	E	R	A	A	E	T	Y	O	N	A	T	I	P	O	N	I
T	O	T	A	M	M	E	M	O	R	C	O	O	R	T	T	N	R	T	E	N	T	S	I	E		O	L
N	O	I	T	C	T	L	E	A	R	N	O	F	T	I	N	O	C	Y	O	O	R	E	P	R	O	R	A
I	O	V	E	T	R	O	M	E	M	O	R	E	O	U	M	N	A	T	T	E	N	I	T	S	E	E	C
O	F	A	N	E	T	T	R	I	O	N	N	O	R	E	R	D	P	I	E	R	C	T	E	E	S	P	K
T	N	I	N	O	I	T	A	Y	M	T	M	E	L	Y	T	I	V	V	Y	H	E	I	O	V	T	I	O
H	Y	P	L	A	C	K	O	F	I	V	I	T	Y	D	O	S	E	I	T	I	L	L	I	E	B	L	F
Y	O	O	C	I	N	A	T	O	N	P	E	R	C	E	P	H	Y	T	O	O	B	I	L	R	E	P	C
B	E	H	A	V	E	M	N	P	E	R	C	E	T	U	A	Y	Y	C	L	C	O	B	O	A	P	M	O
Y	T	I	V	I	T	O	P	H	Y	P	E	R	R	T	O	P	P	A	R	T	O	A	N	T	M	D	O
P	T	N	O	I	T	N	E	T	A	C	O	R	N	A	O	I	N	R	F	P	D	S	M	I	S	D	R
E	N	I	T	T	P	E	R	C	O	O	R	D	I	N	T	I	O	E	N	A	A	I	T	O	N	D	D
H	Y	P	V	I	I	T	Y	A	A	Y	P	O	Y	T	I	V	I	P	T	O	C	D	K	N	C	M	I
P	E	R	G	I	T	U	A	L	E	A	R	N	G	N	G	I	Y	Y	A	K	G	D	E	R	S	N	
E	O	I	M	M	T	E	N	T	I	O	N	V	A	T	I	O	N	H	A	I	L	N	V	D	I	S	A
V	I	T	Y	C	O	C	L	E	A	R	N	G	T	T	I	O	N	Y	H	P	R	I	V	P	V	N	T
E	K	A	C	M	E	L	A	C	K	O	F	M	O	T	I	V	A	T	I	O	N	N	E	M	E	M	I
R	S	E	D	R	O	I	O	D	F	O	M	O	U	A	T	I	O	N	L	A	R	K	O	U	R	O	
A	H	Y	P	E	R	T	I	V	P	T	Y	P	C	E	T	U	A	L	S	E	I	A	T	B	I	L	N
T	P	E	R	A	T	I	O	N	Y	Y	R	O	M	E	M	T	I	O	N	P	R	E	E	C	T	U	A
I	M	O	T	I	V	T	I	O	N	O	H	Y	P	O	T	I	V	I	T	Y	O	L	A	C	M	E	M

PROJECT: C.H.A.N.G.E.
 TITLE IV C ESEA
 SEVENTH GRADE CURRICULUM
 LEARNING DISABILITIES
 FIND-A-WORD

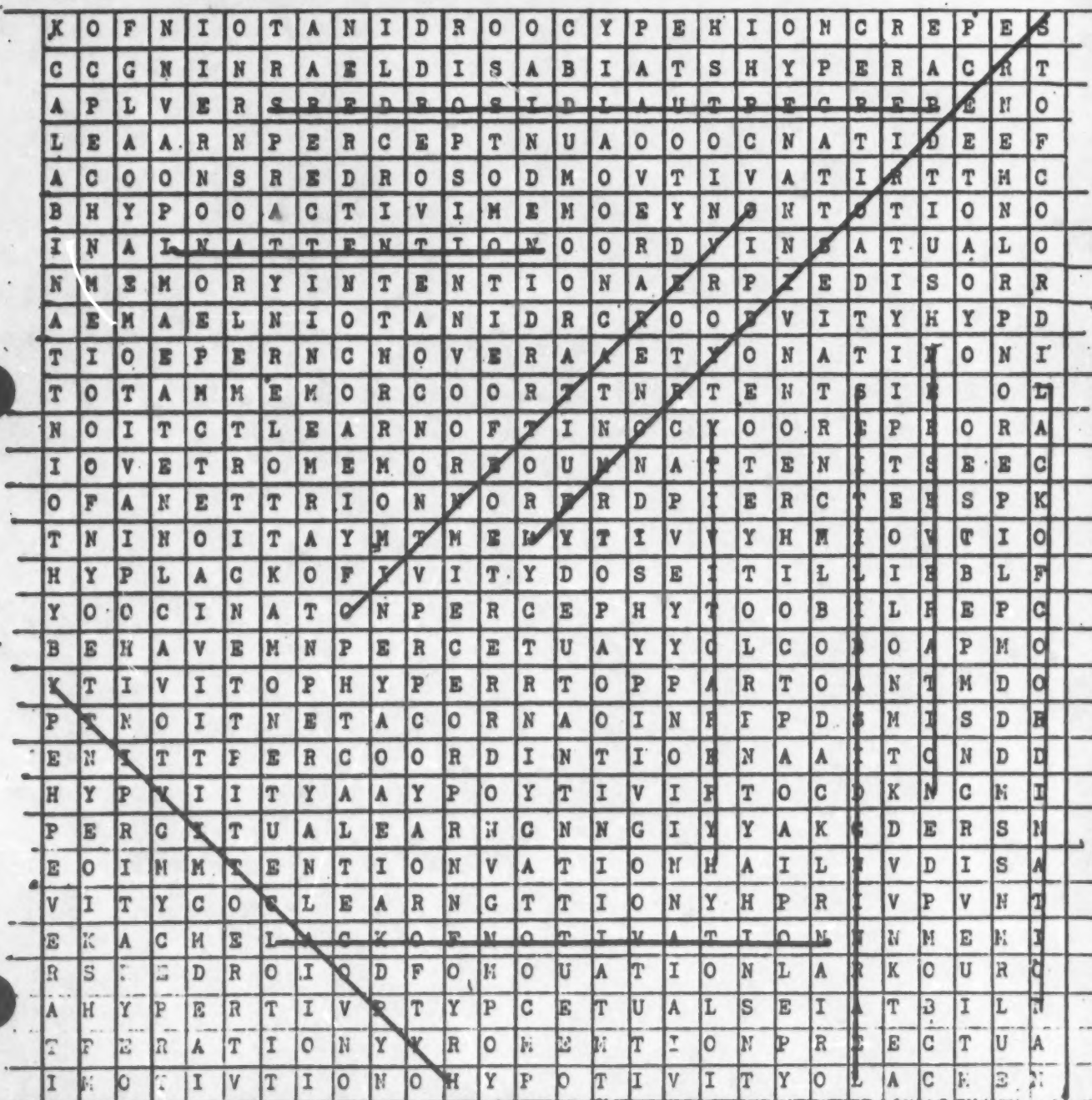
NAME _____

DIRECTIONS: Find the words listed below in the puzzle and circle them.
 The words are in vertical, horizontal and backward positions.

INATTENTION
 PERSEVERATION
 HYPERACTIVITY

PERCEPTUAL DISORDERS
 HYPOACTIVITY
 MEMORY DISORDERS
 LEARNING DISABILITIES

LACK OF MOTIVATION
 OVERATTENTION
 LACK OF COORDINATION



PROJECT: C.H.A.W.G.E.
7TH GRADE CURRICULUM
LEARNING DISABILITIES

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EMOTIONAL PROBLEMS



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: EMOTIONAL PROBLEMS

Emotional Problems is the concluding unit in the seventh grade curriculum. Emotional Problems was selected to demonstrate the affect mental strain or fatigue can have on an individual's ability to function. The reason for correlating this unit is that severe emotional problems can produce a functional form of retardation.

The major approaches explaining the causes and treating the behavior disorder are also taught in the unit. The objectives and concepts to be studied in this unit are:

UNIT	OBJECTIVE	CONCEPT
Emotional Problems	The student can identify the definition of emotional problems.	The terms, emotional problems and behavior disorders, are used interchangeably. The definition for behavior disorders used by the State of Illinois for eligibility for special education services is as follows: The child exhibits an affective disorder and/or adaptive behavior which significantly interferes with his or her learning and/or social functioning. (Rules and regulations 1975, p.13). A workable definition for behavior disorders must take into consideration the following: the individual child's developmental level, including the intellectual, social, personal, and physical domains; the child's sex; the culture and subculture in which the child functions, and the environment (specific) in which the child is functioning, including persons, events, and places.
	The student can identify the incidence rate of behavior disorders among children and youth.	Behavior disorders are found in 4% to 8% of the population, ranging in ages from 0 to 19 years. More boys and girls are classified as behavior disordered with the ratio being 4 to 1. A high incidence of behavior problems occurs among primary grade and junior high school pupils.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
INTRODUCTION: EMOTIONAL PROBLEMS

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (cont.)	The student can identify some types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered indicative of an emotional disturbance when severe, chronic, or inappropriate.	1. There is no single behavior which is characteristic of an emotionally disturbed individual. 2. A particular behavior becomes a problem when it is exhibited as an extreme action: either too much or too little, or when it is exhibited in the wrong social setting. Appropriate behavior is culturally determined. What is inappropriate behavior in one culture or subculture may be appropriate in a different culture or subculture. (Swearing may be appropriate in one subculture and inappropriate in another). 3. There are four basic behavioral patterns. An individual may exhibit behaviors from more than one category, so it is not possible to neatly classify a particular person as a specific type. The four types of behavior are: a. <u>Acting-out behavior</u> - physical and verbal aggression. This may be extreme and overt in some individuals. In others it may be very subdued yet persistent, such as the individual who regularly engages in secret mildly destructive acts. b. <u>Withdrawing behavior</u> - extreme shyness or reclusiveness.

PROJECT: C.H.A.N.G.E.
 7TH GRADE CURRICULUM
INTRODUCTION: EMOTIONAL PROBLEMS

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The student can identify some types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered indicative of an emotional disturbance when severe, chronic, or inappropriate (Cont.)	The four types of behavior (Cont.) c. <u>Defensive behavior</u> - lying, cheating, daydreaming, crying, manipulative behavior, denial, compulsive eating, etc.. These behaviors allow the individual to protect himself from failure fear of not measuring up to themselves or others, embarrassment about the truth, and to take the focus from themselves. Defensive behaviors are used by everyone at various times. They are considered abnormal only when they become a way of life rather than a way of handling isolated problems. If an individual lies when the truth would be easier, their defensiveness is getting in the way. d. <u>Disorganized behaviors</u> - withdrawal or retreat from reality. These individuals are often extremely withdrawn; they may not talk to other people, be disoriented in terms of time and place, appear to not see or hear others, and sit and rock for hours.
	The student can identify the major approaches to explaining the causes, and to treating behavior disorders.	One of the approaches to identifying the cause and treatment of behavior disorders is the Psychodynamic Approach. This approach believes that behavior disorders arise from psychological conflicts within an individual. The psyche is composed of the id, ego, and superego, and each interacts with the other. The id is a primitive urge (basic bodily needs); the superego is an inhibiting, very idealistic force (the conscience); and the ego is the realistic force than manages the id and superego (the link between the inner being and the external environment).

PROJECT: C.H.A.N.G.E.

7TH GRADE CURRICULUM

INTRODUCTION: EMOTIONAL PROBLEMS

UNIT

OBJECTIVE

CONCEPT

Emotional
Problems
(Cont.)

The student can identify the major approaches to explaining the causes, and to treating behavior disorders. (Cont.)

Conflicts can arise within a person as a result of unresolved needs, impaired parent-child relations, and other factors.

This approach studies the past history of an individual to determine the causes of the behavior disorder.

Case histories, personal interviews, and projective tests are used to diagnose a problem by the psychodynamic approach.

Treatment takes the form of counseling, play therapy, or psychoanalysis. The individual must understand the inner conflict that is leading to the behavioral disorder.

The biophysical approach is another model for identifying and treating emotional problems. This approach views behavioral deviation as being the result of organic dysfunction. Various theories have been developed, identifying a variety of biogenetic causal factors such as neurological impairment and biochemical factors.

In order to determine neurological impairment electroencephalograph (EEG) findings (brain wave patterns), neurological examinations, developmental histories, and current reports from parents and teachers are used as a basis. The brain dysfunction is not treated but rather the behavioral disorder is treated by using one of two procedures.

PROJECT: C.H.A.N.G.E.

7TH GRADE CURRICULUM

INTRODUCTION: EMOTIONAL PROBLEMS

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The student can identify the major approaches to explaining the causes, and to treating behavior disorders (Cont.)	The first procedure, and the one most frequently used, is the administering of stimulant drugs. The other procedure is to rechannel the behavior from a negative expression to a positive one. This is accomplished by educating and training the individual. The behavioral approach is the fourth model which identifies and treats behavioral problems. The behaviorist approach states that behaviors are learned from the environment presently surrounding the individual. Parents, teachers, and peers are important components of a child's environment. The behaviorist approach is concerned with that aspect of the environment that is perpetuating the inappropriate behavior by the child. A child learns appropriate and inappropriate behavior from the environment. Behavior is affected by the environment in three ways. It can maintain behavior at its present level; it can increase behavior, or it can decrease behavior. In order for a behavior to be maintained or increased, it must be positively reinforced. A behavior decreases when it is punished, or when it is not occasionally reinforced. The lack of reinforcement, or even the punishment of an appropriate behavior can result in a behavior disorder. When attempting to diagnose a behavior disorder, the environment is observed so that a determination can be made as to which events cause the inappropriate behavior, or the punishing of an appropriate behavior.

PROJECT: C.H.A.N.G.E.

7TH GRADE CURRICULUM

INTRODUCTION: EMOTIONAL PROBLEMS

UNIT

OBJECTIVE

CONCEPT

Emotional
Problems
(Cont.)

The student can identify the major approaches to explaining the causes, and to treating behavior disorders (Cont.)

An objective measurement of the behavior must also be made in order to determine the severity of the problem, and to observe the progress that is being made in changing the behavior.

Treatment for a behavioral problem is teaching the desired behavior. This desired behavior is positively reinforced each time it occurs. Inappropriate behavior is usually ignored.

PROJECT: C.E.A.M.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

ACTIVITY:

Lecture

OBJECTIVES:

The students know the definition of emotional problems.

The students know the incidence rate of behavior disorders among children and youth.

The students know the types of emotional problems.

The students know the theories which explain the causes of emotional problems.

The students understand the procedure for diagnosing a child as having an emotional problem.

The students know the special education services for rehabilitating behavior disorders.

MATERIALS:

Lecture Sheet: Emotional Problems

PROCEDURE:

Read the lecture to the class on the topic of emotional problems by relating the information from the lecture sheet to them. Encourage discussion and clarify points through illustrations.

PROJECT: C.H.A.M.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

LECTURE SHEET

An emotional problem is a behavior which interferes with the person's learning and/or social functioning.

The term emotional problems is used interchangeably with the term behavior disorders.

Behavior disorders are found in four percent to eight percent of the population, ranging in ages from zero to nineteen years.

More boys than girls are classified as behavior disordered with the ratio being four to one.

A high incidence of behavior problems occurs among primary grade and junior high school pupils.

There are four basic behavioral patterns used to classify an individual as having an emotional problem. An individual can display behaviors from more than one of these classifications.

The four types of behavior are:

1. Acting-out behavior - physical and verbal aggression.
2. Withdrawing behavior - extreme shyness or reclusiveness.
3. Defensive behavior - lying, cheating, day-dreaming, crying, etc. These behaviors allow the individual to protect themselves from failure, fear of not measuring up to themselves or others, embarrassment and the truth, and to take focus from themselves.
4. Disorganized behaviors - withdrawal or retreat from reality.

These behaviors are considered wrong when displayed by a child at an inappropriate time.

Diagnosis of an emotional problem is done in two steps.

The first step is for the classroom teacher to observe the child's behavior in class. The teacher will record the inappropriate behavior each time it is displayed by the child. A formal referral for a diagnostic evaluation is then made by the teacher.

The child is thoroughly evaluated by a team of specialists. The specialists take into consideration the child's developmental level, including intelligence, social behavior, emotional and physical make-up, the child's sex, the culture and sub-culture in which the child lives, and the child's surrounding environment (persons, events, and places).

PROJECT: C.H.A.N.G.E
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 2

Once the specialists have determined the severity of the behavior disorder they decide upon the special education services (if any) to be used to help the child overcome the problem.

The Cascade System has been developed in order to find the type of service needed to meet the child's needs.

The child will be helped either by a health agency or the school system.

The health agency supervises the child's rehabilitation while the child is in a special education setting.

The child is placed in some type special class for children with behavior disorders. The child can be in a special class part of the day and the regular classroom the remainder of the school day, or placed in a regular classroom while receiving counseling or therapy or all day in a special class.

Place this drawing on the board before explaining the psychodynamic approach.



There are three theories explaining the cause(s) of emotional problems.

The Psychodynamic Approach believes behavior disorders arise from psychological conflicts within an individual.

The psyche is composed of the id, ego, and superego, each working with the other. The id is a primitive urge (basic bodily needs); the superego is an inhibiting, very idealistic force (the conscience); and the ego is the realistic force that manages the id and superego (the link between the inner being and the external environment).

A behavior disorder results when the id or superego become the controlling force of the child's emotions.

In order for the child to overcome the emotional problem the child must understand the inner conflict (problems) causing the inappropriate behavior.

The Biophysical Approach views a behavioral disorder as being the result of physical breakdown.

The nerves might be impaired or there might be a biochemical imbalance.

PROJECT: C.H.A.N.G.E.
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EMOTIONAL PROBLEMS - 3

The child's emotional problem is treated in one of two ways. The first way is to treat the physical problem. This is usually done by a psychiatrist or physician administering a stimulant drug to make the nerves function properly or to overcome the biochemical imbalance.

The second way is for the child's behavior to be changed from a negative expression (acting out) to a positive one. (acting correctly). This is accomplished by educating and training the child to control his behavior (self discipline).

The Behaviorist Approach is concerned with that aspect of the environment which causes or allows the inappropriate behavior by the child to occur.

Positive reinforcement (reward) will maintain or increase a behavior.

A behavior decreases when negatively reinforced (punished) or when it is not occasionally reinforced (ignored).

The lack of reinforcement (rewards) or even the punishment of an appropriate behavior can result in a behavior disorder.

A behavior disorder, then, is treated by reward for the appropriate behavior, and lack of reinforcement (ignored) for the inappropriate behavior.

Of the three theories explaining the cause and treatment of behavior disorders, the behaviorist approach is held to be the most reliable one by specialists treating emotional problems.

It is important to remember that society (people) judge the behavior to be appropriate (right) or inappropriate (wrong). People judge others by their own standards (their views of right and wrong). In some societies (cultures) which are different from our own, behaviors we feel are inappropriate are accepted. Simply, we make the rules of how we feel people should act.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Emotional problems fact sheet

Emotional problems matching sheet.

OBJECTIVES:

The students know the definition of emotional problems.

The students identify the types of behaviors exhibited by emotionally disturbed individuals.

The students identify the major approaches to explaining the causes, and to treating behavior disorders.

MATERIAL:

Emotional problems fact sheet

Emotional problems matching

PROCEDURE:

Give the fact sheet to each student and review the information.
Then let the students work the matching sheet at their own pace.

ANSWER KEY FOR MATCHING:

- | | | |
|------|-------|--------|
| 1. B | 6. B. | 11. H. |
| 2. I | 7. D | 12. B |
| 3. H | 8. G | 13. C |
| 4. E | 9. F | 14. G |
| 5. A | 10. G | 15. F |

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

FACT SHEET

An emotional problem is a behavior which interferes with the person's learning and/or social functioning.

The term emotional problems is used interchangeably with the term behavior disorders.

Behavior disorders are found in four percent to eight percent of the population, ranging in ages from zero to nineteen years.

More boys than girls are classified as behavior disordered with the ratio being four to one.

A high incidence of behavior problems occurs among primary grade and junior high school pupils.

There are four basic behavioral patterns used to classify an individual as having an emotional problem. An individual can display behaviors from more than one of these classifications.

The four types of behavior are:

1. Acting-out behavior - physical and verbal aggression.
2. Withdrawing behavior - extreme shyness or reclusiveness.
3. Defensive behavior - lying, cheating, day-dreaming, crying, etc. These behaviors allow the individual to protect themselves from failure, fear of not measuring up to themselves or others, embarrassment about the truth, and to take focus from themselves.
4. Disorganized behaviors - withdrawal or retreat from reality.

These behaviors are considered wrong when displayed by a child at an inappropriate time.

Diagnosis of an emotional problem is done in two steps.

The first step is for the classroom teacher to observe the child's behavior in class. The teacher will record the inappropriate behavior each time it is displayed by the child. A formal referral for a diagnostic evaluation is then made by the teacher.

The child is thoroughly evaluated by a team of specialists. The specialists take into consideration the child's developmental level, including intelligence, social behavior, emotional and physical make-up, the child's sex, the culture and sub-culture in which the child lives, and the child's surrounding environment (persons, events, and places).

PROJECT: C.H.A.N.G.E
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 2

Once the specialists have determined the severity of the behavior disorder they decide upon the special education services (if any) to be used to help the child overcome the problem.

The Cascade System has been developed in order to find the type of service needed to meet the child's needs.

The child will be helped either by a health agency or the school system.

The health agency supervises the child's rehabilitation while the child is in a special education setting.

The child is placed in some type special class for children with behavior disorders. The child can be in a special class part of the day and the regular classroom the remainder of the school day, or placed in a regular classroom while receiving counseling or therapy or all day in a special class.



There are three theories explaining the cause(s) of emotional problems.

The Psychodynamic Approach believes behavior disorders arise from psychological conflicts within an individual.

The psyche is composed of the id, ego, and superego, each working with the other. The id is a primitive urge (basic bodily needs); the superego is an inhibiting, very idealistic force (the conscience); and the ego is the realistic force that manages the id and superego (the link between the inner being and the external environment).

A behavior disorder results when the id or superego become the controlling force of the child's emotions.

In order for the child to overcome the emotional problem the child must understand the inner conflict (problems) causing the inappropriate behavior.

The Biophysical Approach views a behavioral disorder as being the result of physical breakdown.

The nerves might be impaired or there might be a biochemical imbalance.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 3

The child's emotional problem is treated in one of two ways. The first way is to treat the physical problem. This is usually done by a psychiatrist or physician administering a stimulant drug to make the nerves function properly or to overcome the biochemical imbalance.

The second way is for the child's behavior to be changed from a negative expression (acting out) to a positive one (acting correctly). This is accomplished by educating and training the child to control his behavior (self discipline).

The Behaviorist Approach is concerned with that aspect of the environment which causes or allows the inappropriate behavior by the child to occur.

Positive reinforcement (reward) will maintain or increase a behavior.

A behavior decreases when negatively reinforced (punished) or when it is not occasionally reinforced (ignored).

The lack of reinforcement (rewards) or even the punishment of an appropriate behavior can result in a behavior disorder.

A behavior disorder, then, is treated by reward for the appropriate behavior, and lack of reinforcement (ignored) for the inappropriate behavior.

Of the three theories explaining the cause and treatment of behavior disorders, the behaviorist approach is held to be the most reliable one by specialists treating emotional problems.

It is important to remember that society (people) judge the behavior to be appropriate (right) or inappropriate (wrong). People judge others by their own standards (their views of right and wrong). In some societies (cultures) which are different from our own, behaviors we feel are inappropriate are accepted. Simply, we make the rules of how we feel people should act.

**PROJECT: C.H.A.M.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

MATCHING

NAME: _____

DIRECTIONS: Match the statement which best describes the listed terms.
The terms can be used more than once.

- | | | |
|--|-------|---|
| A. Behavior Disorder | _____ | 1. More boys than girls are classified as behavior disordered with the ratio being 4 to 1. |
| B. Incidence rate of behavior disorders | _____ | 2. Treatment for a behavioral problem is teaching the desired behavior. This desired behavior is positively re-inforced each time it occurs. Inappropriate behavior is usually ignored. |
| C. Acting-out behavior | _____ | 3. This approach views a behavioral disorder as being the result of a nerve impairment. |
| D. Withdrawing behavior | _____ | 4. Cindy cries when her teacher assigns a new spelling lesson to the class. |
| E. Disorganized behavior | _____ | 5. A behavior interfering with a child's learning and social functioning. |
| F. Defensive behavior | _____ | 6. Behavior disorders are found in 4% to 8% of the population, ranging in ages from 0 to 19 years. |
| G. Psychodynamic Approach | _____ | 7. Peggy Anne spends all her leisure time alone in her room playing with her doll. |
| H. Biophysical Approach | _____ | 8. This approach believes emotional problems arise from psychological conflicts within an individual. |
| I. Behavioral Approach | _____ | 9. An individual lies when it would be much easier for him to tell the truth. |
| | _____ | 10. The id is a primitive urge. An example is a person wanting food when he's hungry, and not caring about how he gets it. |
| | _____ | 11. The behavior disorder is viewed as being the result of a physical breakdown. |

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - pg 2

- _____ 12. Behavior problems occur at a high rate among primary grade and junior high school pupils.
- _____ 13. Physical and verbal aggression.
- _____ 14. The psyche is composed of the id, ego, and superego, and each interacts with the other.
- _____ 15. An individual is extremely disorganized he does not talk to other people, is disoriented in terms of time and place, appears to not see or hear others, and sits and rocks for hours.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Activity Sheet: Sentence Completion

OBJECTIVES:

The students know the definition of emotional problems.

The students identify the types of behaviors exhibited by emotionally disturbed individuals.

The students identify the major approaches to explaining the causes, and to treating behavior disorders.

MATERIAL:

Emotional Problems Sentence Completion

Emotional Problems Fact Sheet.

PROCEDURE:

Using the fact sheet from the previous lesson the students are to do the sentence completion sheet working on their own.

ANSWER KEY FOR SENTENCE COMPLETION

1. Behavior disorders
2. Boys; girls; four; one.
3. Junior High school
4. Psychodynamic; Behaviorist
5. Behaviorist; environment; inappropriate
6. Positive reinforcement
7. Negative reinforcement
8. Rewarded; punished
9. Behaviorist
10. Four
11. Withdrawing; Defensive; Disorganized
12. Acting-out
13. Reality
14. Defensive
15. Withdrawing
16. 42; zero; nineteen
17. Emotional problem
18. Displayed; inappropriate
19. Psychological
20. Biophysical; physical

PROJECT: C.H.A.N.G.E.
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EMOTIONAL PROBLEMS

SENTENCE COMPLETION

1. The term _____ means the same as emotional problems.
2. More _____ than _____ are classified as behavior disorders with the ratio being _____ to _____.
3. A high incidence of behavior problems occurs among primary grade and _____ pupils.
4. The three theories explaining the causes of emotional problems are the _____ Approach, the Biophysical Approach, and the _____ Approach.
5. The _____ Approach is concerned with that aspect of the _____ which causes or allows the _____ behavior by the child to occur.
6. _____ will maintain or increase a behavior.
7. _____ decreases a behavior.
8. Positive reinforcement means a behavior is _____ when a child does it while negative reinforcement means a behavior is _____ when a child does it.
9. The _____ Approach is held to be the most reliable theory by specialists treating emotional problems.
10. There are _____ basic behavioral patterns used to classify an individual as having an emotional problem.
11. The four types of behavior are Acting-out behavior, _____ behavior, _____ behavior, and _____ behavior.
12. _____ behavior is characterized by physical and verbal aggression.
13. Disorganized behaviors are characterized by withdrawal or retreat from _____.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

SENTENCE COMPLETION (CONT.)

14. Lying, cheating, day-dreaming, and crying are behaviors categorized as being _____.
15. Extreme shyness or reclusiveness are characteristic of _____ behavior.
16. Behavior disorders are found in _____ to 8% of the population, ranging in ages from _____ to _____ years.
17. An _____ is a behavior which interferes with the person's learning and/or social functioning.
18. A behavior is considered wrong when _____ by a child at an _____ time.
19. The Psychodynamic Approach believes behavior disorders arise from _____ conflicts within an individual.
20. The _____ Approach views a behavioral disorder as being the result of a _____ breakdown.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Activity Sheets: Becoming a Better Individual

OBJECTIVE:

The students know types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered indicative of an emotional disturbance when severe, chronic, or inappropriate.

MATERIAL:

Activity Sheet: Becoming a Better Individual

PROCEDURE:

Distribute the activity sheet to the students.

The students are to do the sheet individually.

Allow time at the end of the class period for students to discuss their ideas.

When the students discuss their thoughts attempt to focus on their reasons for wanting to improve.

Make them realize the emotions involved with their reasons.

PROJECT: C.H.A.N.G.E.
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EMOTIONAL PROBLEMS

BECOMING A BETTER INDIVIDUAL

We all have some handicap or weakness we wish we could improve. Think of a weakness you have. Maybe you wish you were more helpful to your mother at home, or a better athlete, or a better reader. Decide what you really want to improve about yourself.

Complete these thoughts:

I want to become better at: _____

My reasons for wanting to improve are:

The way I can become better at this is:

PROJECT: C.H.A.M.G..E
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

ACTIVITY:

Filmstrip: Peggy Anne

OBJECTIVES:

The students know the definition of emotional problems.

The students can identify some types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered indicative of an emotional disturbance when severe, chronic, or inappropriate.

MATERIAL:

Filmstrip and cassette: Peggy Anne, Know Us as We Are series, Pomfret House, 1979. purchase or rental

PROCEDURE:

Show the filmstrip to the class. Afterwards use the discussion sheet to conduct an oral class discussion with the students.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

DISCUSSION QUESTIONS

1. How would you classify Peggy's behavior disorder given the following types of behavior?

<u>Classification</u>	<u>Behavior</u>
Acting-out Behavior	Physical and verbal aggression
Withdrawing Behavior	Shyness, reclusiveness
Defensive Behavior	Lying, cheating, crying, manipulative behavior, denial, etc.
Disorganized Behavior	withdrawal or retreat from reality.

ANSWER

Peggy Anne's behavior would be classified as being disorganized behavior because she would not have anything to do with other people nor would she be conscientious about learning her school work.

2. What do the doctors say was the cause of Peggy's behavior disorder?

ANSWER

The emotional problems started for Peggy when changes occurred in her environment. Her parents getting a divorce meant that her home life was not stable. Moving into different houses also upset Peggy.

3. Do the students at Peggy's school accept her as a person?

ANSWER

No. The students are not willing to make friends with her because she is slow in learning her academic subjects and because she is older than them.

4. Do you think the students are justified in treating Peggy Anne with such unfriendliness?

ANSWER

Teacher's judgement is used for determining the appropriate answers.

5. What would you do to try to become Peggy's friend?

ANSWER

Teacher's judgement is used for determining the appropriate answers.

**PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Filmstrip: Behavior Disorders

OBJECTIVE:

The students identify types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered a sign of an emotional disturbance when severe, chronic, or inappropriate.

MATERIAL:

Filmstrip and cassette: Behavior Disorders from the Hello Everybody series, Stanfield Associates and Woolly Bear Productions, 1977. Purchase or rental

PROCEDURE:

View the filmstrip and then discuss the following questions with the class.

1. Why was John upset and angry ?
2. Do you think it was easy for John to tell Mr. Felton about his Dad ? Why or why not ?
3. Maybe John did something to make his Dad angry. Mr. Felton didn't ask him if he did. Why do you think Mr. Felton didn't ask what John might have done ? What do you think might have happened if Mr. Felton had said "Well, what did you do to make him mad"?
4. Why were the children in Ms. Harris's class mean to Laura ?
5. What made Laura "stuck-up"?
6. If a person feels bad but doesn't know why, what can he/she do ? Who could help ? How could you act toward that person ?
7. Is it all right to misbehave if you are feeling bad? Why or why not ? Discuss.

PROJECT: C.H.A.M.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

ACTIVITY:

Filmstrip: Cindy

What is a Handicap ? activity sheets:

Improve Yourself! (Individual activity)

The Roadblock Game (Group activity)

Feelings and Choices (Group activity)

OBJECTIVES:

The students know types of behaviors exhibited by emotionally disturbed individuals and understand that these behaviors in themselves do not indicate an emotional disturbance. They are considered indicative of an emotional disturbance when severe, chronic, or inappropriate.

MATERIALS:

Filmstrip and Cassette: "Cindy" and Activity Sheets from What Is a Handicap ? series by BFA Educational Media; also the activity sheets from the series. Purchase or rental

PROCEDURE:

Discuss the questions under the heading, Before Viewing the Filmstrip, from the teacher's guide for the What Is a Handicap? Series.

After the class has viewed the filmstrip discuss the questions from the accompanying guides under the heading, After Viewing the Filmstrip. Emphasize acceptance of individuals with an emotional problem by their peers.

Use the activity sheets for individual and group activities to help the students understand certain types of behaviors are characteristic of everyone. An emotional problem occurs when these types of behaviors are severe, chronic, or inappropriate.

PROJECT: C.H.A.N.G.E.
7TH GRADE CURRICULUM
EMOTIONAL PROBLEMS

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"Peggy Anne". Know Us as We Are. Pomfret House, 1979.

ABOUT THE STAFF

STAFF:

Director.....	Donald Martin
Coordinator.....	Sherry Smith
Assistant Coordinator.....	Alan Balter
Medical Consultant.....	LaVerne Galzin
Media Consultant.....	Cynthia Foulkes
Curriculum Coordinator.....	Karen Harper
Curriculum Advisor.....	Kathleen Delaney
Curriculum Advisor.....	Robert Honkisz
Graphic Artist.....	Karen Madden
Evaluation Consultant.....	A. Edward Ahr.

Donald Martin, Project Director, holds B.A. and M.A.T. degrees from Harding College in Arkansas. He has worked as Assistant Principal at the Junior High School level, Director of a Demonstration Center for Gifted Children, and as Director of Federal Programs. As Program Director for Project C.H.A.N.G.E., he is responsible for the overall administration of the project.

Sherry Smith, Project Coordinator, has the B.A. from College of St. Francis in Illinois and M.S. from Chicago State University. Her previous experience includes classroom teaching and speech pathology at the elementary level. As Coordinator of Project C.H.A.N.G.E., she is responsible for the day-to-day operation of the program including grant writing, curriculum planning, and design of assessment instruments.

Alan Balter, Assistant Project Coordinator, has B.S., M.S., and Ph.D. degrees from the University of Illinois. He has worked as a teacher of retarded children, researcher, and university professor. As Assistant Coordinator, he helps with the daily functioning of the program and project dissemination.

LaVerne Galzin, Medical Consultant for the project, is a registered nurse who also holds the B.S. degree. She has wide experience working as a hospital nurse, public health nurse as well as a school nurse. In her role as Medical Consultant she explains nursing and medical information and strategies to program staff and is the program liaison to the medical profession.

Cynthia Foulkes, Media Consultant for the project, holds the B.S. in Education from Illinois State University and the M.S. in Education from Chicago State University. Her experience includes working as a School District Librarian and Director of a Learning Resource Center. She is responsible for ordering and processing all program materials as well as assisting program staff plan and execute audio-visual presentations.

Karen Harper, Curriculum Coordinator has the M.A. degree in Learning Disabilities and has many years of teaching experience in special education. She has developed the Kindergarten and Primary grades curriculum and supervised curriculum development at other levels.

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Robert Honkisz, Curriculum Advisor, has the B.S. degree from the University of Illinois. He has worked as a physical education teacher in the elementary grades. His primary responsibilities have been writing project curriculum and lesson plans for grades 7-8.

Karen Madden, Graphic Artist, holds the B.S. degree from Northern Illinois University and the M.S. from Illinois Institute of Technology. She works as an Art Teacher for children between Kindergarten and 8th grade. Her major responsibility for the project involves producing original artwork for program materials.

A. Edward Ahr, Evaluation Consultant, has the B.S. and M.S. degrees from the University of New Mexico and the Ed.D. degree from Loyola University in Chicago. His work experience includes classroom teaching, school psychology, school administration and university teaching. His project responsibilities involve designing assessment techniques, statistical analysis of data and program evaluation.

RIDGELAND PUBLIC SCHOOLS
DISTRICT 122
TITLE IV C - ESEA
PROJECT: C.H.A.N.G.E.
TEACHER MANUAL

CONCEPTS OF HANDICAPS AND ATTITUDES NEED GUIDANCE AND EDUCATION



JUNIOR HIGH CURRICULUM

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C O N T E N T S

INTRODUCTION

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SEVENTH GRADE PROGRAM

- Objectives
- Acceptance of Self and Others
(Handicapped and Non-Handicapped)
- Cerebral Function
- Mental Retardation
- Learning Disabilities
- Emotional Problems

EIGHTH GRADE PROGRAM

- Objectives
- Acceptance of Self and Others
(Handicapped and Non-Handicapped)
- Review of Disabilities and Rehabilitation
- Health Careers

INTRODUCTION

The philosophy of Project C.H.A.N.G.E. (Concept of Handicaps and Attitudes Need Guidance and Education) is handicapped people have the right to be accepted as worthwhile individuals by their non-handicapped peers. Today, non-handicapped individuals are having increasing contact with handicapped individuals. Public Law 94-142 (The Education For All Handicapped Children Act) has added momentum to the growing rights movement of disability groups. However, increased rights for the handicapped population do not mean increased acceptance.

If handicapped individuals are to be successfully integrated into our schools, community, and society they must first be viewed and accepted as worthwhile individuals with the same feelings and needs as non-handicapped individuals. They must be viewed as being capable of sharing with non-handicapped individuals those experiences which constitute life.

Negative reactions towards people we perceive as different from ourselves are a common experience. We feel anxiety, fear, discomfort, or even hostility. Myths and stereotypes concerning these individuals are often incorporated into our value system. However, people do have the ability to change.

Attitudes are influenced by a variety of situational contacts with our family and society. Thus, it is possible for our attitudes to change or modify as a result of our experiences. The goal of Project C.H.A.N.G.E. is to influence and change those holding negative attitudes toward handicapped individuals. This is done by giving children a chance to acquire knowledge about handicapped individuals and their handicapping conditions. Knowledge will help to alleviate the common feelings of anxiety, fear, discomfort or hostility which non-handicapped individuals often experience when encountering a handicapped individual. Opportunity is provided for positive experiences with handicapped people which initiate the giant step towards positive attitudes.

Program teachers are an extremely important factor. They influence and foster knowledge and the attitude of acceptance in their students. They encourage their students to honestly examine and express their positive and negative feelings by creating an accepting atmosphere which develops student support. The expression and examination of positive and negative feelings by the student and the teacher is extremely important. The goal of the program is not to teach children to say "nice" things about handicapped people but to help them develop genuine feelings of acceptance for the disabled. Project C.H.A.N.G.E. deems it necessary to deal with positive and negative feelings as an initial step in successful program implementation and promotion of the ultimate goal - acceptance of the handicapped.

OVERVIEW OF THE JUNIOR HIGH PROGRAM

FORMAT OF THE TEACHERS MANUAL

The junior high school program is divided into two curricula. The seventh grade curriculum is composed of five units. These units in sequential order are: Acceptance of Self and Others (Handicapped and Non-Handicapped), Cerebral Function, Mental Retardation, Learning Disabilities, and Emotional Problems. The units of instruction for the eighth grade curriculum are as follows: Acceptance of Self and Others (Handicapped and Non-Handicapped), Review of Disabilities and Rehabilitation, and Health Careers.

Each unit at a specific grade level includes:

1. Introduction, objectives and concepts
2. Activities
3. Bibliography

The Introduction provides the rationale and basic background information for the unit. The behavioral objectives state the desired student response/outcome for unit completion. Basic concepts are provided to further clarify each objective.

The Activities section is composed of a series of lesson plans. Each lesson plan includes:

1. Objectives - what the student should be able to do when the activity is completed.
2. Materials - what is necessary to teach this lesson.
3. Procedure - specific suggestions on how to conduct the class activity or utilize films, filmstrips, and books.

The Bibliography contains a brief synopsis of films, filmstrips, and books which are appropriate for the unit.

SEQUENCE OF UNITS

Units are arranged in a predesignated order which best accomplishes the overall goal of the program. The first unit at each level is Acceptance of Self and Others (Handicapped and Non-Handicapped). This unit precedes the study of specific disabilities based on the premise that in order to accept others one must first accept themselves.

The seventh grade program follows the sequential format established in the intermediate program. In the unit entitled Cerebral Function, the normal processes of the brain are studied prior to the dysfunctions. This portion of the program is preparatory for the disability units and is related to the cognitive development of the students in the area of handicaps.

The disability units are: Mental Retardation, Learning Disabilities and Emotional Problems. Mental Retardation is presented first in order to illustrate the severe deficits which occur when the cerebral system is only capable of minimal intellectual functioning.

The Learning Disabilities unit was selected to follow Mental Retardation to illustrate the sharp contrast of mild process interference as opposed to minimal intellectual functioning as in the case of retardation. The concluding unit, Emotional Problems was selected to demonstrate the effect mental strain, or fatigue, can have on an individual's ability to function. The reason for correlating this unit is that severe emotional problems can produce a functional form of retardation.

The eighth grade program differs from the format used at preceding grade levels. The Review of Disabilities and Rehabilitation unit reviews the handicaps previously studied while focusing on available rehabilitation procedures. The disabilities in this unit are: Blindness, Deafness, Physical Handicaps, Diabetes, Speech Impairments, Epilepsy, Learning Disabilities, Mental Retardation, and Emotional Problems.

Health Careers is the concluding unit for the eighth grade program. This unit is designed to make the students aware of career opportunities available in occupations involved with the diagnosis, treatment, and rehabilitation of the aforementioned disabilities. To facilitate the study of Health Careers the occupations are divided into medical and non-medical ones.

The Junior High curriculum continues the affective and cognitive development of the students initiated at the primary and intermediate levels. The curriculum culminates at the eighth grade with a review of the disabilities, study of rehabilitation for each disability, and health careers related to handicapped and non-handicapped individuals.

For implementation of an effective and successful program units should be taught in the order which they appear in the Manual.

TEACHING THE CURRICULUM

The program is designed for teachers to complete one activity per week with the students over a period of four months. At the seventh grade, each unit covers a time span of three to five weeks. The Review of Disabilities and Rehabilitation unit for eighth grade consists of eleven weeks. At least one week is devoted to each of the nine disabilities studied at the previous grade levels. The units on Acceptance of Self and Others (Handicapped and Non-Handicapped), and Health Careers are three and four weeks respectively.

The teacher may choose a lesson plan described in the Activity section of the Manual or use/develop other materials which correlate with the objectives and concepts of the unit. The choice of materials and activities should be based on the objectives of the unit for each grade level and the individual needs of the class. Teachers should know the sequential development of the objectives at all grade levels when choosing activities for a specific unit. In this way, a cohesive program is presented to the student.

The lesson plans include various types of activities. Among these are:

1. **Ingenuity Exercises** - Some units have a puzzle and/or matching exercise to familiarize students with the terminology used in the unit.
2. **Lectures** - For most topics, prepared lectures have been chosen as the best form of presentation. The lectures are based on the concepts and objectives for the unit. Through this format, medical terminology has been reduced to an understandable level for teachers and students while maintaining the predesigned program criteria.
3. **Simulation Activities** - During these activities the students experience what it's actually like to be handicapped by using a method to simulate a handicapping condition. This might be achieved by activities such as trying to pour water into a cup or finding a classroom door while blindfolded.

These activities help the students to understand the problems a handicapped person encounters in daily living. They also establish a basis for acceptance by fostering the development of empathy for the disabled person. All students should have an opportunity to participate in simulation experiences. They should be encouraged to think about and describe how it feels to be handicapped.

4. **Filmstrips, movies and books** - Lesson plans using films, filmstrips, and/or books are included. These materials help the students to better understand handicapping conditions. They should be used with the specific objective at the grade level. After viewing the material, discussions should help the students to achieve the objectives. The lesson plans contain specific directions for use of audio-visual material. These materials are one method for developing empathy.
5. **Class Discussion** - Students should be encouraged to ask questions and talk about their feelings. It is important to accept feelings - even negative ones. Rather than judge students' feelings, the teachers should help the students to discover why they have a particular feeling.

- 4
6. Guest Speakers - Probably the most important and enjoyable activity of the program is providing an opportunity for students to interact with handicapped people. This experience allows the student to perceive the handicapped person as an individual with feelings, needs, talents and problems similar to themselves.

Speakers may be found by asking friends, or contacting local agencies such as: The Association for the Blind, Division of Vocational Rehabilitation, Easter Seal Society, United Cerebral Palsy, local hospitals, etc. Speaker discussion topics must be correlated with the objectives at each grade level. Personally meeting someone with a disability in a positive atmosphere is an important experience in developing acceptance and empathy towards handicapped people as worthwhile individuals.

PROGAM IMPLEMENTATION

LEARNING CENTER INSTRUCTIONS

The material for all Activities at each level are housed in the Learning Center. Materials are stored in appropriately marked unit boxes according to grade levels. All materials which are necessary for the unit can be found in this box.

The teacher checks the unit material box out of the learning center by signing the sign out card located on the top of the unit box.

After each lesson the teacher should place the materials used back in the unit box. The unit material box should then be returned to the learning center so it is accessible to other teachers at this level.

USE OF THE TEACHERS MANUAL

As previously explained in the Overview, one lesson per week (of your choice) from the Activities section is to be completed with the students. The unit material boxes contain all the necessary articles for the lesson plan.

Starting with the first unit at your level, select one activity. After teaching the activity turn to the Lesson Plan Checklist located at the end of the unit and write the title of the activity on the line next to the appropriate week. Rate the Activity using the code on the Lesson Plan Checklist.

At the conclusion of each unit select one Activity which has been taught and evaluate this lesson on the Unit Evaluation Form (which follows the Lesson Plan Checklist). A Unit Evaluation Form must be completed for each unit.

CALL IN SCHEDULE

The "Call In" schedule provides the dates when Teacher Manuals are turned into the school office. At this time, the Lesson Plan Checklist and Unit Evaluation Forms are reviewed and initialed by the Principal. Teachers Manuals are then returned promptly to the teachers for continued program implementation.

SPEAKERS LIST

A minimum of one guest speaker per grade level will be arranged by the Principal or a designee. After Speakers have been scheduled teachers will be notified of the date, time and location of the speaking engagement. Whenever possible, teachers will be allowed to sign up for the time of their choice.

Teachers will be notified of speaker cancellations as soon as possible.

ASSESSMENT INSTRUMENTS

A Skill Attainment Checklist has been designed for each level of the program. These instruments are designed to measure the students achievement in terms of grade level objectives and concepts.

Student instruments are given pre and post the intervening program. Both experimental and control students participate in the assessment instruments to determine the statistical level of significance the project has achieved.

Complete instructions for the instruments are packaged with the assessment materials.

READABILITY STUDY

Nancy Updegraff
Reading Consultant

In each of the work sheets the readability level varies from two years below the grade for which the sheet was designed, to a half year above the grade listed on the top of the sheet. Therefore, the majority of the students (with some assistance on terms) should be able to read the worksheets.

Much of the terminology is complicated and difficult to pronounce. It is not important for students to correctly pronounce terms in order to identify them or to read the material around them. If a term seems bothersome tell the student to call it blank or blank and match or read as needed. For word puzzles the student should be able to locate the word or tell it is on a cross word puzzle by process of elimination even though they may not be able to correctly pronounce it. Worksheets can be done orally, in a group or in partners.

ACCEPTANCE OF SELF & OTHERS

(HANDICAPPED AND NON-HANDICAPPED)



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
TITLE IV C

INTRODUCING THE UNITS

Project C.H.A.N.G.E. has been written to educate children about handicaps and handicapped people. It also attempts to awaken in the children an understanding that handicapped people have feelings and a sense of self worth just as normal people do. The curriculum and lesson plans are provided by Project C.H.A.N.G.E., but it is the teacher who makes the program a success in the classroom.

In order for the lessons to be more effective, a teacher should become familiar with the topic by reading the objectives and concepts of the unit. A teacher who is acquainted with the information on handicaps feels more confident about relating and discussing it with the students.

As a reinforcement, the teacher should teach the concepts of each unit prior to doing the lesson plans. This can be done by simply reading the concepts to the students and discussing important points with them.

Project C.H.A.N.G.E. provides the information for children to gain knowledge about handicaps and to develop a positive attitude toward handicapped people. It is the teacher who gives the students the opportunity to gain cognitively and affectively by making a conscientious effort to implement Project C.H.A.N.G.E. into the classroom.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: ACCEPTANCE OF SELF & OTHERS
(HANDICAPPED AND NON-HANDICAPPED)

Project C.H.A.N.G.E. has a twofold purpose. One purpose is to educate non-handicapped children about disabilities. In order to do this, the children first study the normal function of the body and then they study the handicapping conditions. The second purpose of the program is to attempt to change the attitudes of the children toward handicapped people. Non-handicapped children must realize handicapped people have the same needs and wants as they do. They must realize that the disabled contribute to society.

The first unit in the 8th grade curriculum is organized to change non-handicapped children's attitudes toward the acceptance of handicapped people.

The objectives and concepts to be studied in the Acceptance of Self and Others unit are:

UNIT	OBJECTIVE	CONCEPTS
Acceptance of self and others	The student knows the definition of handicapped (handicap).	In general terms a handicap is a disadvantage that either hinders or helps in achieving a goal. Using the term handicapped in the context of the curriculum, and considering the above definition, handicapped means a hindrance placed upon a person so that it is difficult achieving the full potential of that person's life. The hindrance can be a physical, mental, and/or emotional one.
	The student understands that any person can be handicapped during one's life experience.	Even though a person does not have a handicap that would classify one as an atypical person, one can be handicapped during certain life experiences. Athletes who compete in certain sports may have a handicap. A golfer may be such an athlete if that person is given a certain number of strokes as a handicap in order to improve his chances of winning. Another athlete who may be given a handicap is a bowler. A certain number of bowling pins may be given as a handicap to a bowler in order to improve that person's chances of winning.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: ACCEPTANCE OF SELF AND OTHERS
(HANDICAPPED AND NON-HANDICAPPED)

UNIT	OBJECTIVE	CONCEPTS
Acceptance of Self and Others	The students understand that any person can be handicapped during one's life experience (cont.)	A running race may be run with an age handicap. The younger runners will start the race after the older ones have already started to run, so that it is more difficult for them to win An individual may be handicapped due to somatotype or a debilitating physical condition. The same can be true for a person who is suffering from a debilitating physical condition such as asthma, bronchitis, or a heart murmur.
	The students understand the manner in which their attitudes about themselves as individuals and about others are formed.	Children's involvement in play is very important to the individual child. The child's successes and failures during play influence that child's social acceptance by one's peer group. A child's successes and failures is also providing a self-concept which will influence the child's personality development. Through individual experiences and experiences with others, the child is able to rate those with whom he has involvement. The child rates others in relation to himself and to children with whom he has had previous experience. The child thus rates himself as stronger or weaker, more skilled or less skilled, fully functioning or handicapped, attractive or ugly.
	The students understand that their attitudes toward handicapped people is affected by their self-concept and by the attitudes of their peers.	As children are growing in size and age they are constantly making judgments and comparisons of other children. A child determines his level of acceptance by peer groups based upon these judgments and comparisons. By the same token the child is determining the level at which he is willing to accept other children. If other children do not compare favorably with a child's self-concept and with the acceptance

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: ACCEPTANCE OF SELF & OTHERS
(Handicapped and Non-Handicapped)

UNIT	OBJECTIVE	CONCEPTS
Acceptance of Self & Others (cont.)	The students understand that handicapped people, even though the tasks must be adapted according to the individual's handicap, want to have a sense of self-worth.	level of the peer group, then these children are looked upon by the child with indifference or disdain. This attitude of indifference or disdain is often the one with which a child will display toward handicapped people. Just as ordinary people want to have a positive self-concept, handicapped people also want to have such a self-concept. Handicapped people can have a positive self-concept by experiencing the successes and failures of life's tasks. Handicapped people can gain experience by having life's tasks adapted for their respective handicaps. Given the opportunity to develop their personality, handicapped people will be "accepted" by ordinary people. It's just that handicapped people must be given an adapted environment in order to express themselves in a meaningful manner.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS**

ACTIVITY:

Filmstrip: Tony

OBJECTIVE:

The students know the definition of handicapped.

The students understand that any person can be handicapped during one's life experience.

The students understand that handicapped people, even though the tasks must be adapted according to the individual's handicap, want to have a sense of self-worth.

MATERIALS:

Filmstrip: Tony (BFA Educational Media)

PROCEDURE:

Read the synopsis for the filmstrip entitled Tony.

Before the class views the filmstrip discuss the questions.

Discuss the questions listed for after viewing the filmstrip.

As a supplement to the filmstrip have the class do any one or all of the activity sheets accompanying the filmstrip.



What Is A Handicap? Individual

You are going to find out what it's like to have a learning handicap.

TONY: GETTING THE FACTS

What if you learned slower than most of your friends? You would have a learning handicap. You can have this handicap for many different reasons. It might be hard to learn English because you speak another language. Maybe you started learning late. What if you were already 12-years-old, but never studied lessons your friends had when they were 9-years-old? Some people have trouble learning because their brains are injured. There are other reasons why people learn slowly. But the important thing to remember is this: If people learn slowly, it is not their fault. How would it make you feel to be called names like "mental" or "retard"? It makes people who learn slowly feel unhappy and sometimes angry. They have to work hard to learn. But many people with this handicap can learn to read and do mathematics. They can learn to do many things their friends like to do.

What if your best friend has trouble learning? Four or five people in your class come up to you one day and say, "What's wrong with your friend?" Write how you would answer them. You can use the information on this page to help you.



BFA
Educational
Media

What Is A Handicap? Individual

Tony

WORDS WE USE

Use a dictionary or encyclopedia to look up these words. Write what they mean.

MENTAL RETARDATION

MENTAL ILLNESS

Are the meanings the same or different?

Write why you think they are the same or why you think they are different.



What Is A Handicap?

Individual

OUR STRENGTHS AND WEAKNESSES

People with learning handicaps have trouble learning. But they may do other things well. Tony, the boy in the filmstrip, played kickball well.

We all do some things well. The things we do well are our strengths. The things we do not do so well are our weaknesses. Often, we can improve our weaknesses.

Make a list of your strengths and a list of your weaknesses.

MY STRENGTHS	MY WEAKNESSES

If you want to share your lists, show them to your teacher or a friend.





What Is A Handicap? Group

DON'T GIVE UP!

It is hard for people with learning handicaps to learn. Sometimes, it takes so long, that they feel like they want to give up trying to learn.

Here is a story that is started for you. It's about someone with a learning handicap. Imagine you are the friend in this story. Each of you can finish part 2 and part 3 in the story. Share your story with the others in your group.

1. Every Friday morning, I helped Sandy read. Sandy had a learning handicap and read very slowly. One day we were reading, and something happened that made Sandy want to stop trying to read.

2. This is what happened . . .

3. But I made Sandy want to read again. This is how I did it . . .





What Is A Handicap?

Group

WHAT DOES IT MEAN?

You are going to act out a learning problem with a friend. Pretend you are helping someone with a learning handicap read sentences. Your friend is learning how to read words, but does not understand what the words mean. It is your job to show your friend what the words mean.

Here are some ideas. You can draw pictures. You can bring in objects. You can act out the words.

Here are sentences to help your friend understand. When you are finished, change places. Let your friend show you what the sentences mean.

1. The boy walked to the park to play tennis.
2. I rode my bike to the store to buy bread.
3. We eat dinner at six o'clock.
4. The black horse won the race.
5. When it is hot, we go swimming.
6. The baby eats cereal for breakfast.





What Is A Handicap? Group

HOW DOES IT FEEL?

Materials you will need: a mirror, pencil and paper, a reading book.

Sometimes, people learn slowly because things look different to them than to most people.

Take turns finding out what it's like to read and write when things look different. One person can hold up the mirror. The other person can try to do this:

1. Look into the mirror and draw a five-pointed star.
2. Hold your reading book up to face the mirror. Now, look in the mirror and try to read the words.
3. Tell your friend how it feels to read and write like that. How would you feel if others laughed at how you read and write?



**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS**

ACTIVITY:

Filmstrip: Am I Part of a People Problem?
Activity Sheet: 16

OBJECTIVE:

The students understand the manner in which their attitudes about themselves as individuals and about others are formed.

MATERIALS:

Filmstrip: Am I Part of a People Problem? (Kit 3, Nystrom, 1975).
Activity Sheet 16: Friends (Kit 3, Nystrom, 1975).

PROCEDURE:

Have the class view the filmstrip.

Discuss the filmstrip with the class. The following conclusions should result from the discussion of the filmstrip by the class:

The experiences in an individual's life, and his reactions to them, influence a person's personality development.

Through individual experiences and experiences with others, an individual is able to rate those with whom he has involvement. The individual rates others in relation to himself and to those with whom he has had previous experience. The individual thus has a means of ranking those he meets either liking or disliking them.

Regardless of one's feelings for another person, one should be thoughtfully aware of and understanding of other people.

To reinforce the points brought out in the discussion, have each class member do the activity sheet.



Name _____

Section _____ Date _____

FRIENDS

BACKGROUND: Each of us has a number of people we call friends. Do each of these people have qualities or traits that are the same? What makes one friend "closer" than another? Are the qualities or traits that a "close friend" has the same as those of someone who is "just a friend"?

ACTIVITY: Below are four columns. On the top line of each of the first three, write the name of a person you consider to be a friend. On the top line of the fourth column, write your own name.

Think about each friend. Then, below each friend's name, list at least four qualities that you feel makes this person your friend. Below your name, list some qualities that you feel makes you a friend to the other three.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Were the qualities you listed for yourself the same as or similar to those you listed for your friends? _____
2. Do you think your friends see in you the qualities you listed for yourself? _____
3. What is the quality you think is the most desirable quality a friend could have? _____
4. Do each of your friends have this quality? _____
To the same degree? _____
5. What, do you think, has this activity shown you about the values you place upon friends and friendships? _____

TENSION: Consider sharing your listings of qualities with your friends. Compare their ideas of you with your ideas. Compare your ideas of them with their ideas. Are these ideas similar or quite different?

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS**

ACTIVITY:

Filmstrip: The Disabled: No Longer Handicapped?

OBJECTIVE:

The students understand disabled people want to be accepted as individuals.

The students understand having a disability does not mean a person stops wanting and needing the successes and failures in life.

MATERIALS:

Filmstrip: The Disabled: No Longer Handicapped? (Current Affairs Films).

PROCEDURE:

After viewing the filmstrip reiterate that handicapped people desire to be ordinary human beings despite their disability. Discuss the literal meaning of the statement: "Our bodies make us disabled. Society makes us handicapped." Attempt to have the students realize their attitudes are formed as a result of their self-concept and also by the attitudes of their peers! Self-concept is formulated as a person experiences successes and failures in life. A handicapped person must be afforded the opportunity to have a normal self-concept, because they are no different than other people. Their disability means only a different way of performing life activities. The fact that they are handicapped just means the environment must be adapted so that the successes and failures in life can be experienced by these people. Have the class discuss the discussion questions in the Discussion Guide on pages 6 and 7.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
ACCEPTANCE OF SELF AND OTHERS
(HANDICAPPED AND NON-HANDICAPPED)

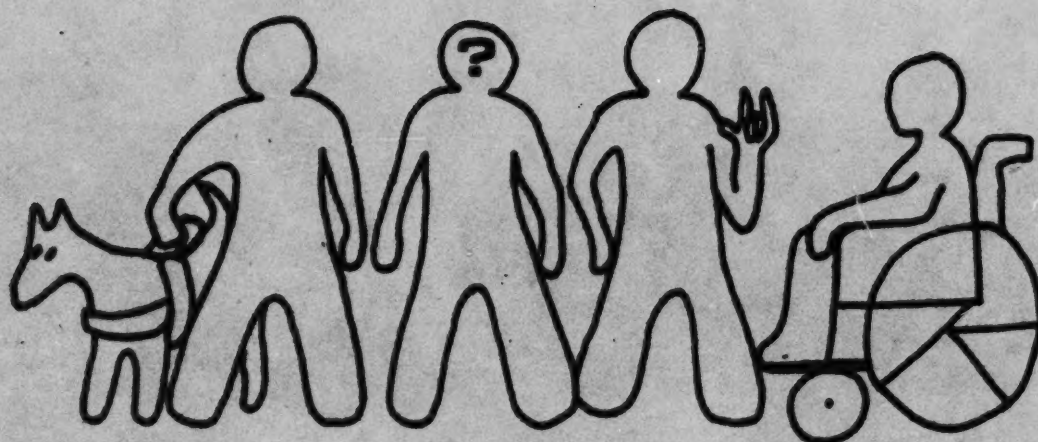
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REVIEW OF DISABILITIES AND REHABILITATION



JUNIOR HIGH LEVEL

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(BLINDNESS)

The first disability to be studied in the Review of Disabilities and Rehabilitation unit is Blindness.

Blindness is defined, classified, and the areas of difficulty and special needs are enumerated in this section of the review unit.

Rehabilitation measures in the form of special techniques and devices which enable the blind to function in a sighted world are incorporated in this section.

The objectives and concepts to be studied in the Blindness section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Blindness)	The students know the definition of blindness.	Blindness is the partial or total loss of the ability to see. A person is considered to be legally blind, whose central visual acuity is 20/200 or less in the better eye with glasses. 20/200 means that person can see from a distance of 20 feet, what a normal eye should see at a distance of 400 feet.
	Students can identify the types of blindness.	A person who is blind from birth is <u>congenitally blind</u>. A person who lost his or her sight thru injury, accident or disease, has <u>acquired blindness</u>. There are four principal kinds of blindness in terms of how much can be seen: A. <u>Total blindness</u> - the person cannot tell light from dark. B. <u>Economic blindness</u> - the person cannot see well enough to make a living in any way that requires the use of his eyes. C. <u>Vocational blindness</u> - the loss of sight, that prevents a person from continuing to earn a living in the same kind of work he has been doing.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(BLINDNESS)

UNIT	OBJECTIVE	CONCEPT
Blindness (cont.)		D. <u>Educational blindness</u> - the loss of ability to see that interferes with a person's ability to get an education, by the methods that are commonly used in school.
	The students can identify areas of difficulty and special needs.	There are several areas of difficulty to be dealt with by a blind person: A. <u>Mobility</u> is difficult due to: 1) Stairs 2) New surroundings 3) Transportation 4) Traffic 5) Elevators 6) Ramps 7) Escalators 8) Weather B. <u>Education</u> is difficult due to the inability to read printed material (regular type). C. <u>Basic self-reliance</u> skills are hard to acquire. Some of these skills are: 1) Eating 2) Personal hygiene 3) Family care 4) Dressing 5) Shopping 6) Food preparation 7) Handling finances 8) Clothes selection

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UNIT	OBJECTIVE	CONCEPT
Blindness (cont.)	The students can identify areas of difficulty and special needs (cont)	D. Certain <u>hazards</u> are more life threatening to blind people, such as: 1) Fire 2) Natural disasters 3) Unexpected obstacles E. There are limitations on employment choices for blind people. F. There are limitations socially and recreationally for the blind person (movies, T.V., dancing, sports).
	The students can identify the rehabilitative measures that can be used by a blind person, in order to overcome the areas of difficulty.	The blind person can learn to use special techniques and devices to deal with various situations. Some of these are: 1) Guide dogs 2) Development of all other senses to a higher degree than usual 3) Canes 4) Special watches 5) Braille typewriter 6) Tapes 7) Stylus 8) Placement of food according to clock 9) Special glasses or lenses for partially sighted 10) Modification of home environment 11) Proper assistance by other people 12) Optagon 13) Special computerized devices

PROJECT: C.H.A.N.G.E.
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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(BLINDNESS)

UNIT	OBJECTIVE	CONCEPT
Blindness (cont.)	The students know the rehabilitative processes that will enable a blind person to adapt to his handicap.	Blind children learn through the use of Braille reading and Braille writing. Braille is a system of touch reading. Embossed characters use different combinations of six dots arranged in a cell, two dots wide and three dots high. The symbols are embossed on heavy manilla paper, in a left to right order, and the reader usually "reads" with one hand and keeps his place vertically with the other. Braille writing is done with the use of a braille typewriter, or braille machine. This has six keys corresponding to the six dots of the cell. Writing is also accomplished through the use of braille slates. These slates are boards with a double metal strip, the lower part of which is pitted by cells of six dots each, and the upper punched with corresponding holes. The paper is inserted between the metal strips and the desired dots are embossed by pressing a dull stylus through the appropriate holes. Since this is to be read from the opposite side of the paper, the work must be done in reverse, beginning at the right margin, and working toward the left. Audio aids are also used to aid blind children in learning. Talking Books are books that have been recorded onto a phonograph record or a tape. Blind children must learn to command their environment, so that they can move from place to place. In order to do this, blind children develop a heightened awareness of nonvisual cues around them.

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(BLINDNESS)

UNIT	OBJECTIVE	CONCEPT
Blindness (cont)	The students know the rehabilitative processes that will enable a blind person to adapt to his handicap.	They learn to attend to auditory, olfactory, and tactile-kinesthetic cues in the environment. Blind children are aided in their ability to move about by learning how to use a cane and/or a guide dog. Blind children can be taught recreational activities, by adapting the equipment used for a specific activity, so that sound waves are emitted from it. The loudness and frequency of the sound waves enable the blind children to judge where the object is at in space.
	The students are aware that there are organizations offering rehabilitative services for the blind.	Agencies that are able to help the blind are: Visually Handicapped Manager of Illinois, Inc. General Office 53 W. Jackson Blvd. Chicago, Illinois Chicago Lighthouse for the Blind 1850 W. Roosevelt Road Chicago, Illinois American Foundation for the Blind, Inc. 500 N. Michigan Avenue Chicago, Illinois 60611

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REVIEW OF DISABILITIES AND REHABILITATION (BLINDNESS)

ACTIVITY

Lecture
Essay: "If I Lost My Sight Today"

OBJECTIVES:

The students know the definition of blindness.

The students can identify the types of blindness.

The students can identify areas of difficulty and special needs.

MATERIALS:

Lecture Sheet and Blindfolds

PROCEDURE:

Relate the information on the lecture sheet to the students. The students can then take turns trying to move about the classroom while wearing a blindfold.

After the students have experienced being blind have them write a one-page essay entitled: "If I Lost My Sight Today". In their essay tell the students to emphasize the activities they would find most difficult to accomplish if they were blind. Also tell the students to write about the means they would use to adapt their life's activities so they could perform them.

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REVIEW OF DISABILITIES AND REHABILITATION (BLINDNESS)**

LECTURE SHEET

Blindness is the partial or total loss of the ability to see. A person is considered to be legally blind when central visual acuity is 20/200 or less in the better eye with glasses.

20/200 means a person can see from a distance of 20 feet what a normal eye should see at a distance of 400 feet.

A person can be blind from birth (congenitally blind), or the individual can become blind through injury, accident or disease (Acquired blindness).

There are four principal kinds of blindness in terms of how much can be seen. The kinds of blindness are:

- A. Total Blindness - the person cannot distinguish between light and dark.
- B. Economic Blindness - the person cannot see well enough to make a living in any way that requires the use of his eyes.
- C. Vocational Blindness - the loss of sight, that prevents a person from continuing to earn a living in the same kind of work he has been doing.
- D. Educational Blindness - the loss of ability to see that interferes with a person's ability to get an education by the methods commonly used in school.

The areas of difficulty to be dealt with by the blind are:

- 1) Mobility
- 2) Education
- 3) Basic Self-reliance
- 4) Life threatening hazards (fire, natural disasters, and unexpected obstacles)
- 5) Limitations of employment choices
- 6) Limitations on social and recreational activities.

A blind person can learn to use special techniques and devices in order to adapt life situations. Some examples are: cane, Braille typewriter, tapes, development of all other senses to a degree higher than usual, special watches, stylus, placement of food according to a clock, calculator, and learning the physical layout of home and school/place of employment.

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Some of the learning techniques used by the blind are:

Braille is a system of touch reading. Embossed characters use different combinations of six dots arranged in a cell, two dots wide and three dots high. The symbols are embossed on heavy manilla paper, in a left to right order and the reader usually "reads" with one hand and keeps his place vertically with the other.

Braille writing is done with the use of a Braille typewriter, or Braille machine. This has six keys corresponding to the six dots of the cell. Writing is also accomplished through the use of Braille slates. These slates are boards with a double metal strip, the lower part of which is pitted by cells of six dots each, and the upper punched with corresponding holes. The paper is inserted between the metal strips and the desired dots are embossed by pressing a dull stylus through the appropriate holes. Since this is to be read from the opposite side of the paper, the work must be done in reverse beginning at the right margin, and working toward the left.

Audio aids are also used to aid the blind in learning. Talking books are books that have been recorded onto a phonograph record or tape.

The blind must learn to command their environment, so they can move from place to place. In order to do this, blind people develop a heightened awareness of nonvisual cues around them. They learn to attend to auditory (hearing), olfactory (smelling), and tactile - kinesthetic (touching - body awareness) cues in the environment. Blind persons are aided in their ability to move about by learning how to use a cane and/or a guide dog.

Blind people can be taught recreational activities, by adapting the equipment used for a specific activity, so sound waves are emitted from it. The loudness and frequency of the sound waves enable the blind person to judge where the object is at in space. An example would be playing softball with a ball emitting a sound. The batter would try to hit the ball by listening for the sounds.

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ACTIVITY:

Lecture
Games: Tell By Touch
The Brahma Puzzle
Learning to Write Braille

OBJECTIVES:

The students can identify areas of difficulty and special needs.

The students can identify the rehabilitative measures that can be used by a blind person in order to overcome the areas of difficulty.

The students know the rehabilitative processes that will enable a blind person to adapt to his handicap.

MATERIALS:

Game: Tell by Touch
Game: The Brahma Puzzle
Styllus and Braille paper punch from the American Foundation for the Blind, Inc.
Blindfolds
Lecture Sheet

PROCEDURE:

Relate the information on the lecture sheet to the students. They will realize that the areas of difficulty and the techniques used by the blind to overcome them should have been written about by the students in their essays done the previous lessons.

After the students have listened to the lecture they can play the games and learn to write Braille.

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REVIEW OF DISABILITIES AND REHABILITATION
(BLINDNESS)**

ACTIVITY:

Filmstrip: "Taking It In Stride" - Timmy
(Part 1)

OBJECTIVES:

The students know the definition of blindness.

The students can identify the types of blindness.

The students can identify areas of difficulty and special needs.

— The students can identify the rehabilitative measures that can be used by a blind person in order to overcome the areas of difficulty.

The students know the rehabilitative processes that will enable a blind person to adapt to his handicap.

The students are aware that there are organizations offering rehabilitative services for the blind.

MATERIALS:

Filmstrip: Taking It In Stride, Part 1; Timmy,
(Sunburst Communications, 1977)

PROCEDURE:

After the class has viewed the filmstrip, reinforce some of the points of the filmstrip by relating the following facts:

— Congenitally blind is being blind from birth.

— Acquired blindness is loss of sight thru injury, accident or disease.

— Total blindness is not being able to distinguish light from dark.

— Economic blindness is not seeing well enough to make a living in any way that requires the use of the eyes.

— Vocational blindness is the loss of sight preventing a person from earning a living in the manner in which he is accustomed.

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- 2

- Educational blindness is the loss of sight which prevents a person from getting an education by the methods commonly used in school.
- Areas of difficulty to be dealt with by a blind person are: Mobility, Education, and Basic Self-reliance, Life-threatening hazards (fire, natural disasters, and unexpected obstacles), Limitations of employment choices, and Limitations on social and recreational activities.
- A blind person can learn to use special techniques and devices in order to adapt life situations.

Ask the students to give examples from the filmstrip on the techniques and devices used by Timmy to overcome problems in mobility, education, and basic self-reliance. Some examples are: cane, Braille typewriter, tapes, development of all other senses to a degree higher than usual, special watches, stylus, placement of food according to a clock, calculator, and learning physical layout of home and school.

Discuss some of the learning techniques used by Timmy.

Braille is a system of touch reading. Embossed characters use different combinations of six dots arranged in a cell, two dots wide and three dots high. The symbols are embossed on heavy manilla paper, in a left to right order, and the reader usually "reads" with one hand and keeps his place vertically with the other.

Braille writing is done with the use of a Braille typewriter, or Braille machine. This has six keys corresponding to the six dots of the cell.

Writing is also accomplished through the use of Braille slates. These slates are boards with a double metal strip, the lower part of which is pitted by cells of six dots each, and the upper punched with corresponding holes.

The paper is inserted between the metal strips and the desired dots are embossed by pressing a dull stylus through the appropriate holes. Since this is to be read from the opposite side of the paper, the work must be done in reverse beginning at the right margin, and working toward the left.

Audio aids are also used to aid blind children in learning. Talking books are books that have been recorded onto a phonograph record or tape.

Have the students write a one-page essay entitled: "If I Lost My Sight Today." Ask the students to emphasize those activities they would miss most and/or find most difficult to accomplish not being able to see.

Also ask the students to write about the means they would use to adapt their life's activities so they could perform them.

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When the students have finished writing the essay, they can then play the games and also attempt Braille writing. The games are to be played while the person is blindfolded.

Relate to the class the agencies in Chicago that are able to help the blind:

Visually Handicapped Manager of Illinois, Inc.
 General Office
 53 W. Jackson Blvd.
 Chicago, Illinois

Chicago Lighthouse for the Blind
 1850 W. Roosevelt Rd.
 Chicago, Ill.

American Foundation for the Blind, Inc.
 500 N. Michigan Ave.
 Chicago, Illinois 60611

A bibliography for students' reference and enhancement:

If you Could See What I can Hear
 by Tom Sullivan (Harper and Row)

To Race the Wind
 by Harold Knatts (Putnam's)

Seeing Through the Dark
 by Malcolm E. Weiss (Harcourt)

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(DEAFNESS)

Deafness is the second disability to be reviewed in the Review of Disabilities and Rehabilitation unit.

Deafness is an organic dysfunction which can be either total or partial. A deaf person is most handicapped by the disability when attempting to establish speech and natural language.

Symptoms indicating a hearing loss and tests used to determine the extent of a hearing loss are reviewed in this section.

Rehabilitative measures are also studied in this section.

The objectives and concepts to be studied in the Deafness section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (deafness)	The students know the definition of deafness	Deafness is the sense of hearing being non-functional for the ordinary purpose of life.
	The students can identify the classifications of hearing loss.	The classifications of hearing loss are: 1) Congenitally deaf 2) Adventitiously deaf - loss of hearing occurs after birth 3) Hard of hearing. The types of hearing loss are: Conductive - affects the middle ear Sensori-neural - affects the inner ear
	The students understand the problems that a deaf person has as a result of the dysfunction.	Deaf people have their greatest problems in the establishment of speech and natural language.
	The students understand the importance of assessing hearing loss.	The assessment of hearing loss is done for two reasons. One reason is to determine how well the person's hearing serves the process of communication. The second reason is to determine what can be done to rehabilitate hearing.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(DEAFNESS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (deafness) (cont)	The students know the symptoms that may indicate a hearing impairment.	A severe hearing loss is usually easily recognized. However, it may be difficult to recognize a partial hearing impairment. A list of possible symptoms indicating a hearing loss has been devised by Gesell and Amatruda. This list is as follows: 1) Hearing and comprehension of speech a) general indifference to sound b) lack of response to the spoken word c) response to noises as opposed to words 2) Vocalization and sound production a) monotonal quality b) indistinct speech c) lessened laughter d) meager experimental sound play e) vocal play for vibratory sensation f) head banging, foot stamping for vibratory sensation g) yelling, screeching to express pleasure or need 3) Visual attention a) augmented visual vigilance and attentiveness b) alertness to gesture and movement c) marked imitateness in play d) vehemence of gestures

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(DEAFNESS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (deafness) (cont)	The students know the symptoms that may indicate a hearing impairment (cont)	4) Social rapport and adaptation a) subnormal rapport in vocal games b) intensified preoccupation with things rather than persons c) puzzled and unhappy episodes in social situations d) suspiciousness and alertness, altering with cooperation e) marked reaction to praise and affection 5) Emotional behavior a) tantrums to call attention to self or need b) tensions, tantrums, resistance, due to lack of comprehension c) frequent obstinacies, irritability at not making self understood
	The students know the aspects of testing hearing.	Aspects of hearing evaluation are: 1) Testing the ability to discriminate pitch and loudness 2) Determining the ability to hear and understand speech 3) Checking the sensitivity to increase in loudness 4) Determining the ability to tolerate loudness 5) considering the possibility of functional or sensory impairment
	The students know the purpose for using an electric audiometer.	An electric audiometer is an instrument used to initially diagnose for a hearing loss. Six pitches are presented to the person being tested at an intensity of 10 to 15 db. A referral for further testing is done if the person fails to hear at least five of the pitches.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION
(DEAFNESS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (deafness) (cont)	The students know the methods of rehabilitation for hearing impairments.	The oral method uses lip reading and facial gestures for communication. There is no use of hand signs: <u>Lipreading</u> - a learned process by which a deaf person focuses on the movement of the lips and assesses all the facial and body expressions involved while the person is communicating. A good lipreader catches the general idea and about every third word spoken. The manual method makes use of hand signals to express thoughts: <u>Fingerspelling</u> - the use of the manual alphabet to spell words. The manual alphabet consists of a single hand configuration for each letter of the English alphabet. A knowledge of spelling and grammatical rules is necessary to use this form of communication. <u>Manual English</u> - a combination of signs and fingerspelling which adheres closely to grammatical (English) structure. Manual English is only a manual-visual representation of the English language. <u>Sign Language</u> - American Sign Language is the communicative system used by the deaf when conversing amongst themselves. Each sign represents an entire concept rather than just a word. People who are able to hear to some degree are trained to improve their listening skills. This is known as auditory training, and it consists of developing discrimination of gross sounds and rhythm patterns of speech sounds in words.

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(DEAFNESS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (deafness) (cont)	The students know the methods of rehabilitation for hearing impairments.	<u>Hearing aid</u> - although it is not a communicative method, the hearing aid can help a deaf person who does have some audio perception relate to the surrounding environment. <u>Total Communication</u> - system used between teacher and student(s) by which all available forms of communication are used to develop a bank of concepts and language.

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REVIEW OF DISABILITIES AND REHABILITATION
DEAFNESS**

ACTIVITY:

Lecture
Activity Sheet: Methods of Rehabilitation (Matching)

OBJECTIVES:

- The students know the definition of deafness
- The students can identify the classifications of hearing loss.
- The students understand the problems that a deaf person has as a result of their dysfunction.
- The students understand the importance of assessing hearing loss.
- The students know the symptoms that may indicate a hearing impairment.
- The students know the aspects of testing hearing and the purpose of using an electric audiometer.
- The students know the methods of rehabilitation for hearing impairments.

MATERIAL:

Lecture Sheet
Activity Sheet: Methods of Rehabilitation (Matching)

PROCEDURE:

- Relate the information on the lecture sheet to the class.
- Give the students a few minutes to read the matching sheet before doing it orally with them.

ANSWERS:

The answers for the Matching of Methods of Rehabilitation for the Deaf are:

- | | |
|----|---|
| 1. | E |
| 2. | F |
| 3. | B |
| 4. | A |
| 5. | D |
| 6. | C |

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (DEAFNESS)**

LECTURE SHEET

Deafness is the sense of hearing being non-functional for the ordinary purpose of life.

A person can be congenitally deaf, adventitiously deaf, or hard of hearing. Congenitally deaf means an individual is born deaf. If loss of hearing occurs anytime after birth, then the person is known to be adventitiously deaf.

Deaf people have their greatest problems in the establishment of speech and natural language. The extent of hearing loss is assessed in order to determine how well the person's hearing serves the process of communication and to determine what can be done to rehabilitate hearing. Although a severe hearing loss is usually easily recognized, it is the partial hearing impairment that is difficult to recognize.

Possible symptoms exhibited by an individual with a partial hearing loss are:

1. Hearing and comprehension of speech.
 - a. general indifference to sound;
 - b. lack of response to the spoken word.
 - c. response to noises as opposed to words.
2. Vocalization and sound production.
 - a. monotonal quality
 - b. indistinct speech
 - c. lessened laughter
 - d. meager experimental sound play
 - e. vocal play for vibratory sensation
 - f. head banging, foot stamping for vibratory sensation.
 - g. yelling, screeching to express pleasure or need.
3. Visual attention.
 - a. augmented visual vigilance and attentiveness
 - b. alertness to gesture and movement
 - c. marked imitateness in play
 - d. vehemence of gestures.
4. Social rapport and adaptation.
 - a. subnormal rapport in vocal games
 - b. intensified preoccupation with things rather than persons.
 - c. puzzled and unhappy episodes in social situations.
 - d. suspiciousness and alertness, altering with cooperation.
 - e. marked reaction to praise and affection.
5. Emotional behavior.
 - a. tantrums to call attention to self or need.

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- b. tensions, tantrums, resistance, due to lack of comprehension.
- c. frequent obstinancies, irritability at not making self-understood.

An evaluation of hearing ability is concerned with the following aspects:

1. Discrimination of pitch and loudness;
2. Ability to hear and understand speech;
3. Sensitivity to increase in loudness;
4. Ability to tolerate loudness;
5. Consideration of possible functional or sensory impairment.

Hearing is evaluated through the use of an electric audiometer.

Six pitches are presented to the person being tested at an intensity of 10-15 Db. The person must hear at least five of the pitches otherwise a referral is made for further testing.

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 5TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (DEAFNESS)

NAME: _____

METHODS OF REHABILITATION FOR THE DEAF

MATCHING

Match the words on the left side to their correct meanings on the right side.

- | | |
|------------------------|--|
| 1. Sign Language | A. A learned process by which a deaf person focuses on the movement of the lips and assesses all the facial and body expressions involved while the person is communicating. |
| 2. Fingerspelling | B. System used between teacher and student(s) by which all available forms of communication are used to develop a bank of concepts and language. |
| 3. Total Communication | C. A combination of signs and fingerspelling which adheres closely to grammatical (English) structure. A manual-visual representation of the English language. |
| 4. Lipreading | D. Instrument used to help a deaf person who does have some audio perception relate to the surrounding environment. |
| 5. Hearing Aid | E. Communicative system used by the deaf when conversing amongst themselves. |
| 6. Manual English | F. Use of the manual alphabet to spell words. The manual alphabet consists of a single hand configuration for each letter of the English alphabet. |



PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

The disability of Physical Handicaps is the third topic to be reviewed in the Review of Disabilities and Rehabilitation unit. In this section, the causes, the adjustment process and rehabilitative procedures are studied.

The objectives and concepts to be studied in the Physical Handicaps section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps)	The students know the definition for physical handicap.	A physical handicap is a disability of one, or more, parts of the body. For purposes of discussion, a physical handicap will refer to the body, and not to the sensory handicaps such as blindness, deafness, speech impairments.
	The students can identify the causes of physical handicaps.	The causes of physical handicaps are: 1) Congenital 2) Accident 3) Disease
	The students can identify the types of physical handicaps.	Types of physical handicaps are as follows: 1) Polio 2) Cerebral Palsy 3) Muscular Dystrophy 4) Spina Bifida 5) Multiple Sclerosis 6) Loss of Limb 7) Paraplegia 8) Quadriplegia Technically, these are not types of physical handicaps, but rather diseases that cause a physical handicap(s).

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (physical handicaps) (cont)	The students can identify devices that help a physically handicapped person cope with the environment.	Devices that enable a physically handicapped person overcome the difficulties in the environment due to the handicap are: 1) Braces 2) Artificial limbs 3) Special shoes 4) Wheelchair 5) Crutches 6) Canes 7) Walkers 8) Bookracks for people who cannot hold books 9) Typewriters for children who cannot control movement 10) Specially adapted pencil holders
	The students understand the adjustments that must be made by a physically handicapped person.	It must be remembered that a physically handicapped person is usually able to function mentally as well as a normal person. Teaching of academic subjects does not have to be modified. What does have to be modified is the physical environment in which these subjects are taught. The school facilities should have ramps, hand rails, wide hallways, spacious classrooms, and specially designed lavatories. Instructional equipment must be adapted to the needs of the physically handicapped. Book racks, ceiling projectors, and electric typewriters are some examples of equipment that would be needed by the physically handicapped in the classroom.

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8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students understand the adjustments that must be made by a physically handicapped person (cont)	The rehabilitation for physically handicapped children depends upon the type of physical disability. The one common denominator for rehabilitation is that the individual learn to use the physical abilities that he does have to his potential. The use of special equipment, such as braces, crutches, artificial limbs, a wheel chair, etc., can help the individual to attain this potential. The physically handicapped child must make a personality adjustment. A handicapped person usually goes through a grieving process. This process involves the following stages: 1) Denial 2) Anger 3) Bargaining 4) Depression 5) Acceptance The individual has made a successful personality adjustment once the acceptance stage has been reached. By accepting the handicap the individual is ready to live life to the maximum. This is done by learning to make full use of what's physically available to the person, and by learning to participate in the activities of the every day world by making the necessary adaptations. Accepting one's handicap, however, is a goal that is reached after going through the first four stages of the grieving process. The duration of this grieving process varies for each individual, depending on the person's emotional and psychological make-up.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students understand the adjustments that must be made by a physically handicapped person (Cont)	The denial stage is one in which the person attempts to do activities as though there was no handicap. The individual refuses to accept the fact that there has been a loss or disability. Anger is the stage that is characterized by aggression and hostility on the part of the handicapped person. The individual has realized that a loss has been suffered, and so he searches for the reason that the loss had to happen to him. This is no easy task, and thus, the individual strikes out at the people and environment around him. In the bargaining stage, the individual has not quite accepted the loss because he feels that if he does certain things, then the problem will get better or go away. Depression is the stage whereby the individual has realized that the loss has been a permanent one. This fact tends to make the individual feel sorry for himself. Withdrawal is the characteristic behavior by the individual during the depression stage. The person feels that he has no selfworth. It is only when the individual has stopped feeling sorry for himself that he can then successfully rehabilitate his life.
	The students know the meaning of physical therapy, and they understand that it is the primary rehabilitative process for a physical disability.	Physical therapy is the treatment of disease and disability by physical means, including, among other measures, water, air, heat, cold, massage, exercises, and electricity. Because physical therapy uses various modes of treatment, it is the rehabilitative process used for physical handicaps.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the meaning of physical therapy, and they understand that it is the primary rehabilitative process for a physical disability. (cont)	Nerves and/or muscles are affected when an individual is physically handicapped. Nerves and muscles will not always respond to one type of treatment, therefore, they must be stimulated, using a number of different treatments. Also, a certain rehabilitative process may be the only treatment for a specific physical handicap. Physical therapy encompasses a spectrum of treatments used for rehabilitation.
	The students know the treatments used as a part of, or in conjunction with, physical handicaps.	Hydrotherapy utilizes water in tanks, pools, or large baths. The buoyancy of the water is used to treat paralyzed arms and legs. Special exercises provide the best means of strengthening and training weak muscles. Ordinarily, walking, jogging, and bicycle riding are recommended, and special devices are also available including stationary bicycles, weight lifts, and walkers. Faradic and galvanic electrical currents are used in the treatment of paralyzed nerves and muscles. Occupational therapy is an essential point of rehabilitation of disabilities, which not only requires the patient to use the incapacitated muscles, but also trains him to develop new skills for gainful employment. A driving instructor teaches patients how to drive an automobile that has been modified to the particular physical handicap of each individual. This is provided that the physical handicap will allow the individual to drive a car.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the meaning of quadriplegia.	Quadriplegia is the loss of movement in both arms and legs. Paralysis is due to disease or injury to the cervical vertebrae (neck).
	The students know the rehabilitative methods used for quadriplegia.	Surgery may correct the dysfunction in the spinal cord if at all possible. Usually, however, the patient undergoes physical therapy in order to restore as much use of the limbs as is possible. Braces are used to help support the limbs during rehabilitation. Hydrotherapy, special exercises with weights, electrical current, and occupational therapy play a major role in rehabilitation. The patient may also be able to use a wheel chair that has been designed to move by the patient's blowing air into a tube connected to the chair.
	The students know the meaning of paraplegia.	Paraplegia is the loss of movement in both legs due to injury or disease to the lumbosacral vertebrae (lower back). Loss of reproductive and excretory functions may also occur depending upon the point of dysfunction in the spinal cord.
	The students know the rehabilitative process for paraplegia.	Once again, physical therapy plays a prominent role in rehabilitation. The goal is to restore as much use of the paralyzed limbs as is possible. In some cases, complete restoration of movement in the legs can result. Braces, weight lifts, and walkers may be used to support the body weight as the patient undergoes special exercises for the legs.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the rehabilitative process for paraplegia. (cont)	Hydrotherapy may also be used to exercise the legs. A wheel chair can be modified so that the individual can participate in such recreational activities as basketball, football, hockey, and bowling. An individual with paraplegia may also learn to drive a modified automobile.
	The students know the meaning of amputee.	An amputee is a person who has suffered the loss of a limb due to disease, injury, or a failure to properly develop during pre-natal period.
	The students know the rehabilitation procedure for an amputee.	A regimen of bed exercises is implemented immediately after amputation. The purpose for this regimen being twofold, it helps setting the muscles of the affected limb, and provides isotonic movement of all other major joints to prevent atrophy and contractures. Postural alignment and good body mechanics must be re-established after amputation. These are the primary aims of the rehabilitative process. Stump hygiene is of the utmost importance in order to prevent skin problems.
	The students know the types of prosthesis available to an amputee.	An artificial arm will fulfill one of three needs, i.e., cosmetic, heavy labor, or skilled dexterous work. The two most common devices are the cosmetic prosthetic hand, having some prehension, and the more useful and adjustable split hooks. Control of the artificial upper limb is frequently provided by steel cables and a shoulder harness.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the types of prosthesis available to an amputee. (cont)	As a result of proper exercise and hygiene the lower limb stump should be able to bear weight with an artificial limb and have maximum function. Amputations of the lower limb are categorized as either BK (below knee) or AK (above knee). This will determine the type of prosthesis with which the patient will be fitted. The most common BK prosthesis used is the PTB (patellar tendon bearing) with a sack foot. This prosthesis provides the wearer with a closed socket by which the stump fits snugly at its distal end to provide good proprioception. A quadrilateral suction socket prosthesis is used for AK amputees who have good stump musculature. Once the patient has been fitted with a prosthesis the process of gait training is begun.
	The students know the meaning of multiple sclerosis.	Multiple sclerosis is a condition in which scattered areas of nerve tracts within the brain and in the spinal cord somehow become denuded of the waxy coating of myelin, which normally ensheaths individual nerve fibrils and, in fact, plays a vital role in the transmission of nerve impulses.
	The students understand the purpose for using certain rehabilitative processes when dealing with multiple sclerosis.	Rehabilitation for MS is concerned with keeping the affected muscles from becoming totally disabled. Physical therapy and other techniques involving massage, manipulation, and exercise are employed for this purpose.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the meaning of muscular dystrophy.	Muscular dystrophy is a disorder of the neuromuscular system that causes muscles to weaken and atrophy. The disorder is a result of inheritance.
	The students know the rehabilitative measure taken for muscular dystrophy.	Rehabilitation is concerned with retarding the progress of muscular dystrophy. For this reason, various forms of physical therapy and exercise are employed. Crutches, braces, and supportive devices are used to help the patient support the weight of his body.
	The students know the meaning of polio.	Polio, known as poliomyelitis, is an acute contagious viral disease of the central nervous system that results in weakening and sometimes total loss of muscle function.
	The students know the process for polio.	Once polio has been contracted by an individual, it is imperative that that individual receive bed rest, proper diet, and physical therapy for the affected muscles. Braces and crutches are used by the patient to support the body.
	The students know the meaning of spina bifida.	Spina bifida is a congenital defect in which a portion of the vertebra(e) fails to completely enclose the spinal cord. A cyst may form on the meninges and protrude through the opening in the vertebra(e).
	The students know the rehabilitation program for spina bifida.	Spina bifida occurs in one out of one thousand births. Eighty percent of these children do not survive the first year. Children with spina bifida are paraplegic. Braces and crutches are used to help the child to move about.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the rehabilitation program for spina bifida.	There is a concern for muscle contracture and associated foot deformities. For this reason a program of daily passive flexibility exercises is established for the child.
	The students know the definition of cerebral palsy.	The United Cerebral Palsy Associations define cerebral palsy as follows: "Cerebral palsy embraces the clinical picture created by injury to the brain, in which one of the components is motor disturbance. Thus, cerebral palsy may be described as a group of conditions, usually originating in childhood, characterized by paralysis, weakness, incoordination, or any other aberration of motor function caused by pathology of the motor control center of the brain. In addition to such motor dysfunction, cerebral palsy may include learning difficulties, psychological problems, sensory defects, convulsive and behavioral disorders of organic origin".
	The students know the kinds of cerebral palsy.	1) <u>Spasticity</u> - the spasmodic contraction of muscles causes jerky, uncontrolled movements. One or more limbs may be affected. 2) <u>Athetosis</u> - movements are not rhythmical and do not seem to follow any sequence. Conscious effort and emotionality increase these movements. 3) <u>Ataxia</u> - movements are unsteady, walking is performed with a high step, and the child falls easily. The eyes can be uncoordinated often accompanied by nystagmus. 4) <u>Tremor</u> - the whole body shows involuntary vibrating movements of irregular nature.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (cont)	The students know the kinds of cerebral palsy. (cont)	5) <u>Rigidity</u> - functional incoordination of the flexor and extensor muscles affects posture.
	The students know the rehabilitative process for cerebral palsy.	A successful rehabilitation program for cerebral palsy begins with parent counseling. Parents must accept the fact that their child is cerebral palsied. This acceptance is very important, so that the basic needs, recognition, esteem, and independence of the child can be fulfilled. Drug therapy involves exercises, treatments, and activities for muscle re-education and training in gait, ambulation, and balance. Methods and equipment used to achieve these goals are hydrotherapy, braces, stall bars, sandbags, and stabilizers. Parents are instructed by physical therapists in the handling of the child for the purpose of teaching the child independence. The occupational therapist tries to evolve activities of interest to the child which will develop adequate motion and improve muscular coordination. Because cerebral palsied children have sensory defects, especially hearing and/or seeing, the appropriate specialist is consulted to help the child with the problem. A speech correctionist helps the child overcome, as best as possible, such problems as articulatory deviations, swallowing, control of facial musculature, and control of respiratory muscles.

**PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM**

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (PHYSICAL HANDICAPS)

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Physical Handicaps) (Cont)	The students know the rehabilitative process for cerebral palsy. (Cont) The students can identify organizations offering rehabilitative services for the physically handicapped.	When the cerebral palsied child reaches school age the child is classified educationally according to intellectual level and the degree of physical disability. Depending on the classification, the child can receive instruction at home, a hospital school, a residential facility, a special class, or in regular school classes. Rehabilitative services for the physically handicapped are available at the following place: Rehabilitation Institute of Chicago 345 East Superior Chicago, Illinois Easter Seal Society for Crippled Children and Adults 2023 West Ogden Avenue Chicago, Illinois 60612

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PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (PHYSICAL HANDICAPS)

ACTIVITY:

Lecture

OBJECTIVES:

The students know the definition of physical handicap, prosthesis, and amputee.

The students can identify the types of physical handicaps.

The students can identify devices that help a physically handicapped person.

The students understand the adjustments that must be made by a physically handicapped person.

The students know the meaning of physical therapy, and they understand that it is the primary rehabilitative process for physical handicaps.

MATERIALS:

Lecture Sheet

PROCEDURE:

Relate the information from the lecture sheet to the class. Conduct an oral review of the information on the lecture sheet by asking the following questions of the students.

1. What is a physical handicap?
2. What are the causes of physical handicaps?
3. Name the types of physical handicaps.
4. Can you name any devices used by the physically handicapped to make living in their world easier?
5. How would you define physical therapy?

PROJECT: C.H.A.M.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (PHYSICAL HANDICAPS)

LECTURE SHEET

A physical handicap is a disability of one, or more parts of the body.

The causes of physical handicaps are:

- 1) Congenital
- 2) Accident
- 3) Disease

The types of physical handicaps are:

- 1) Poliomyelitis (Polio) - an acute, contagious viral disease of the central nervous system that results in weakening and sometimes total loss of muscle function.
- 2) Cerebral Palsy - an injury to the brain usually occurring in childhood affecting the motor control center. It is characterized by paralysis, weakness, incoordination, and it may also include learning difficulties, psychological problems, sensory defects, convulsive and behavioral disorders.
- 3) Muscular Dystrophy - a disorder of the neuromuscular system that causes muscles to weaken and atrophy. The disorder is inherited.
- 4) Spina Bifida - a congenital defect in which a portion of the vertebrae fails to completely enclose the spinal cord. A cyst may form on the meninges and protrude through the opening in the vertebrae.
- 5) Multiple Sclerosis - a condition in which scattered areas of nerve tracts within the brain and in the spinal cord somehow become denuded of the waxy coating of myelin, which normally ensheaths individual nerve fibrils and, in fact, plays a vital role in the transmission of nerve impulses.
- 6) Loss of Limb - due to disease, injury, or a failure to properly develop during the prenatal period. Surgical removal of a limb is known as an amputation.
- 7) Paraplegia - the loss of movement in both legs due to injury or disease to the spinal cord at the lumbosacral (lower back) level.

PROJECT: C.H.A.W.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (PHYSICAL HANDICAPS) (cont.)

- 8) Quadraplegia - the loss of movement in both arms and both legs. Paralysis is due to disease or injury to the spinal cord at the cervical (neck) level.

The use of special devices makes it easier for the physically handicapped person to live in the environment. These devices also enable the physically handicapped to learn to use the physical abilities already possessed to their potential.

Certain modifications should be made in the physical environment of the physically handicapped. School and/or work facilities should have ramps, handrails, wide hallways, spacious classrooms, or work areas, and specially designed lavatories.

Instructional equipment must be adapted to the needs of the physically handicapped. Book racks, ceiling projectors, and electric typewriters are some examples of modified instructional equipment.

The primary rehabilitative process for treating physical handicaps is physical therapy. Physical therapy is the treatment of disease and disability by physical means, including, among other measures, water, air, heat, cold, massage, exercises, and electricity.

Nerve and/or muscles are affected when an individual is physically handicapped. Nerves and muscles will not always respond to one type of treatment, therefore, they must be stimulated, using a number of different treatments.

**PROJECT: C.H.A.N.G.E.
8th GRADE CURRICULUM
PHYSICAL HANDICAPS**

ACTIVITY:

Filmstrip: Orthopedic Handicaps

OBJECTIVES:

The students know the definition of physical handicap, prosthesis and amputee.

The students can identify the types of physical handicaps.

The students can identify devices that help a physically handicapped person.

The students understand the adjustments that must be made by a physically handicapped person.

The students know the meaning of physical therapy, and they understand that it is the primary rehabilitative process for physical handicaps.

MATERIALS:

Filmstrip: Orthopedic Handicaps from the series entitled, "Hello Everybody, let me Tell You and Myself and" (1977 Stanfield Associates and Woolly Bear Productions.)

PROCEDURE:

Discuss the filmstrip with the class by asking the following questions.

1. What is a physical handicap?

A physical handicap is a disability of one, or more parts of the body.

2. What are the causes of physical handicaps?

The causes of physical handicaps are: Congenital - the girl with cerebral palsy exemplifies this cause in the filmstrip; Accident - the boy with the artificial leg; Disease - Jed the narrator of the filmstrip, had Legg-Perthes Disease.

3. Name the types of physical handicaps.

The ones to which reference was made in the filmstrip were cerebral palsy and loss of limb, besides Jed's leg disease. The others are polio, muscular dystrophy, spina bifida, multiple sclerosis, paraplegia, and quadraplegia.

Jed's leg disease, known as Legg-Perthes Disease, is the loss of bone tissue at the joint where the femur (thigh bone) meets the pelvis (hip). The tissue will regenerate but pressure must be kept off the femur bone during this phase, so that the bone will resume a rounded shape and not be flattened by contact with the pelvis. The disease usually occurs in boys aged six to ten and runs a three-year course.

Quadruplegia is the loss of movement in both arms and both legs. Paralysis is due to disease or injury to the cervical vertebrae (neck).

Paraplegia is the loss of movement in both legs due to injury or disease to the lumbosacral vertebrae (lower back).

Multiple Sclerosis is a condition in which scattered areas of nerve tracts within the brain and in the spinal cord somehow become denuded of the waxy coating of myelin, which normally ensheathes individual nerve fibrils and, in fact, plays a vital role in the transmission of nerve impulses.

Spina Bifida is a congenital defect in which a portion of the vertebrae fails to completely enclose the spinal cord. A cyst may form on the meninges and protrude through the opening in the vertebrae.

Muscular Dystrophy is a disorder of the neuro-muscular system that causes muscles to weaken and atrophy. The disorder is inherited.

Poliomyelitis (Polio) is an acute, contagious viral disease of the central nervous system that results in weakening and sometimes total loss of muscle function.

Cerebral Palsy is an injury to the brain usually occurring in childhood, effecting the motor control center. It is characterized by paralysis, weakness, incoordination, and it may also include learning difficulties, psychological problems, sensory defects, convulsive and behavioral disorders.

The loss of a limb is due to disease, injury or a failure to properly develop during the prenatal period. Surgical removal of a limb is known as an amputation.

4. Can you name any devices used by the physically handicapped in the filmstrip to make living in their world easier?

Braces, walkers, wheelchairs, artificial limbs, crutches, and special shoes.

The use of special devices not only makes living in the physically handicapped person's environment easier but it also enables the individual to learn to use the physical abilities already possessed to their potential.

PROJECT: C.H.A.N.G.E.
8th GRADE CURRICULUM
PHYSICAL HANDICAPS

Certain modifications may also have to be made in the physical environment of the physically handicapped.

School and/or work facilities should have ramps, handrails, wide hallways, spacious classrooms, or work areas, and specially designed lavatories.

Instructional equipment must be adapted to the needs of the physically handicapped. Book racks, ceiling projectors, and electric typewriters are some examples of modified instructional equipment.

5. Does anyone know the meaning of term "amputee"?

An amputee is a person who has suffered the loss of a limb.

6. What is the term used to define the artificial leg and foot worn by the boy riding the bicycle?

A prosthesis.

7. How would you define physical therapy?

Physical therapy is the treatment of disease and disability by physical means, including, among other measures, water, air, heat, cold, massage, exercises, and electricity.

Because physical therapy uses various modes of treatment, it is the rehabilitative process used for physical handicaps. Nerve and/or muscles are affected when an individual is physically handicapped. Nerves and muscles will not always respond to one type of treatment, therefore, they must be stimulated, using a number of different treatments.

PROJECT: C.H.A.W.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (DIABETES)

The fourth disability to be studied in the Review of Disabilities and Rehabilitation unit is Diabetes.

Diabetes is a dysfunction of the endocrine system. The pancreas does not produce insulin rapidly enough or does not produce at all. Insulin is necessary for the body to metabolize sugars.

Although diabetes is not as physically apparent as some of the other disabilities, it can have handicapping effects on an individual. A person's performance of physical activities can be effected by diabetes.

This section relates what diabetes is, the symptoms exhibited by a person who has it, and the methods used to counteract diabetes.

The objectives and concepts to be studied in this section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Diabetes)	The students can define the term, diabetes.	Diabetes is a dysfunction of the pancreas gland. The pancreas does not secrete the hormone, insulin, at all, or it does not secrete a large enough quantity of insulin in order for the hormone to aid in the metabolic process. Insulin aids in metabolizing the food eaten by a person by enabling the body's cells to absorb food from the blood. The food that has been eaten has been broken down by the digestive system into simple sugars. These sugars are then carried from the digestive system by the blood to all the body's cells. Because the sugars are absorbed by the blood, its sugar level is raised to a point which causes the pancreas to secrete insulin. The secretion of insulin into the blood lowers the blood's sugar level by enabling the sugars to be absorbed into the body's cells. If insulin is not secreted, or secreted in a minimal amount, the sugars in the blood then literally turn into poisons to the body. The sugars cannot be filtered out of the blood by the kidneys when there is too large a quantity. The sugars then get into the urine, thus causing dysfunctions in other parts of the body which can cause death.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (DIABETES)

UNIT	OBJECTIVE	CONCEPT
Diabetes (Cont.)	The students know the rehabilitative process for diabetes.	Research has revealed the fact that insulin cannot perform its function of sugar absorption into the body's cells when the level of fats in the bloodstream is too high. It has also been found that too much insulin is secreted by the pancreas when simple carbohydrates, i.e., table sugar, honey, molasses, are a part of the diet. This causes hypoglycemia in the circulatory system. Hypoglycemia is low levels of sugar in the blood which causes the body to display some of the characteristics of diabetes, i.g., weakness and dizziness. Simple carbohydrates also increase the level of fats in the blood which impedes insulin. When complex carbohydrates comprise one's diet the body must break them down into simple sugars to be metabolized. This breakdown process is a gradual one so the sugar level in the blood is maintained at a moderate level. The pancreas, therefore, secretes insulin at a slower rate. For this reason, hypoglycemia and its symptoms, which are similar to diabetes, does not occur in the body. Examples of complex carbohydrates are potatoes, corn, spaghetti, rice, and bread. These carbohydrates do not have sugar as an ingredient. Research has enabled technologists to develop a device that will enable a diabetic to control the amount of insulin needed in the blood throughout the day. Because the level of blood sugar varies from moment to moment, one or two injections of insulin taken at a specific time(s) of the day may be too much or too little. The device that has been developed will monitor the blood sugar level, and will pump insulin into the body in the amount which it is needed. The device will be worn externally.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (DIABETES)

UNIT	OBJECTIVE	CONCEPT
Diabetes (Cont.)	The students know the medical specialists who can diagnose and treat diabetes.	There are three medical specialists who play a prominent role in diagnosing and treating diabetes. These people are: 1) Physician - usually a general practitioner who is commonly known as the family doctor 2) Internist - a physician who deals with diseases not usually treated surgically 3) Metabolic Specialist - a physician who is concerned with metabolism problems.
	The students are aware that there are agencies which help diabetics to cope with their condition.	Agencies which help diabetics are: American Diabetic Association 620 No. Michigan Avenue Chicago, Illinois 60611 Diabetes Association of Greater Chicago 8 South Michigan Avenue Chicago, Illinois 60603

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION
DIABETES**

ACTIVITY:

Pamphlet: What Everyone Should Know About Diabetes

What Is Diabetes? (Worksheet)

OBJECTIVE:

The students can define diabetes.

The students know the symptoms of diabetes.

The students know the types of diabetes.

The students know the treatment for diabetes.

MATERIALS:

Pamphlet: What Everyone Should Know About Diabetes. (A Scriptographic Pamphlet by Channing L. Beta Co., Inc., 1975 edition)

Worksheet: What Is Diabetes?

PROCEDURE:

Let the students read the pamphlet on diabetes. After they have read the pamphlet, the students are to receive the worksheet with questions about diabetes. The students can use the pamphlet to answer the questions. Discuss the questions with the class when everyone has completed the worksheet.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
WHAT IS DIABETES?

NAME _____

How are food sugars used by the body?

1. _____
2. _____
3. _____
4. _____

What happens to the food sugars in a person with diabetes?

Why is it important to know about diabetes?

Why do people get diabetes? State the theories.

1. _____
2. _____
3. _____
4. _____

Diabetes occurs in certain types of people. List the characteristics of these people.

1. _____
2. _____
3. _____

What are the symptoms of diabetes?

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

What tests are used by a physician to detect diabetes?

1. _____
2. _____
3. _____

What are the two types of diabetes?

1. _____
2. _____

How is diabetes treated?

1. _____
2. _____
3. _____
4. _____

Name the areas of the body where insulin injections can be administered.

1. _____
2. _____
3. _____

What are some bodily reactions to improper treatment of diabetes?

1. _____
2. _____

What type of emergency treatment should be given to a diabetic exhibiting negative reactions?

What types of disorders are common to diabetics?

1. _____
2. _____
3. _____
4. _____

PROJECT: C.H.A.W.G.E.

5TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENTS)

Speech Impairments is the fifth disability to be reviewed in the unit, Review of Disabilities and Rehabilitation.

The disability speech impairment is also known as defective speech. Defective speech is due to an organic deformity or by an environmental or emotional factor. Because there are three general classifying factors speech impairments are divided into eight classifications.

This section reviewing defective speech defines the eight classifications, the procedure for diagnosis, and the methods used for rehabilitation.

The objectives and concepts to be studied in this section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Speech Impairments)	The students know the definition of defective speech.	Defective speech is defined as any speech which deviates from the average so far as to draw unfavorable attention to the speaker, whether through unpleasant sound, inappropriateness to the age level, or lack of intelligibility.
	The students know the causes of defective speech.	Speech defects are caused either by organic factors, or by environmental and emotional factors. Organic factors are hearing loss, cleft palate, and cerebral dysfunction.
	The students know the procedure for diagnosing speech defects.	Children referred for diagnosis of a speech defect have been found to have such a problem through the administration of a screening test. Diagnosis of the speech defect must then be made in order to determine the rehabilitative process. A speech defect is diagnosed through the following procedure: 1) Intellectual Assessment - this assessment is made in order to eliminate the possibility that the child may be mentally retarded. 2) Diagnosis of defect - the defect is ascertained by: a) obtaining spontaneous vocal responses from the child by showing pictures to be named, b) asking the child to repeat after the examiner certain words which will identify the articulation defect; and c) asking the child to repeat sounds in nonsense formation.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENTS)

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (cont.)	The students know the procedure for diagnosing speech defects (Cont.)	3) Determining Causal Factors and Associated Defects - assessment is made of tongue movements and position, alignment and irregularities of teeth, occlusion of jaws, and palate intactness to determine the possibility of their causing the defect. The home environment is observed to find whether or not factors there may be responsible for the defect. Consideration is also given to organic possibilities, including hearing impairment, cleft palate, or cerebral dysfunction.
	The students know the classifications of speech defects.	Speech defects are classified as follows: 1) Disorders of articulation 2) Disorders of speech 3) Stuttering 4) Retarded speech development 5) Cleft palate 6) Cerebral palsy 7) Impaired hearing 8) Aphasia
	The students know the definition of articulation disorders.	Articulatory disorders are those deviations which involve substitutions, omissions, distortions, and additions of sounds. These difficulties may occur as the articulators (tongue, teeth, lips, palates, jaws) modify the flow of air from the larynx by changing their positions and contacts.

PROJECT: C.H.A.W.G.E.

5TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (SPEECH IMPAIRMENTS)

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the methods used to correct articulatory disorders.	The specialist must determine the severity of the articulatory disorder in young children because less severe problems will be remediated as the individual matures. Articulatory disorders can be remediated by the specialist meeting on an individual basis with the child at least twice a week. The teacher and parents must give their cooperation to the specialist so that practice in individual lessons can be transferred to home and school situations. Group speech lessons can be used by the specialist to correct articulatory disorders. This type of remediation stimulates speech and interest among the children, and also saves time for the specialist.
	The students know the definition of vocal disorders.	Vocal disorders are concerned with the production of sound in the larynx, with the amplification of that sound in the various resonating cavities, with the pitch level and intonation pattern of sound sequences, and with the loudness or softness of vocal production.
	The students know the rehabilitative process for vocal disorders.	Vocal disorders are corrected by assisting the child in training his ear so that he can hear how his voice sounds. This training includes listening to others, the child listening to his own voice by means of a tape recorder, listening to television shows for identification of different kinds of voices, listening to one's peers, to one's parents, to one's teachers, and to others who can set a good example.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENTS)

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the definition of stuttering.	Stuttering is when speech rhythm appears to be out of control.
	The students know the ways used to eliminate stuttering.	Symptomatic treatment is one means of eliminating stuttering. This treatment can be done in one of two ways. The first method is to inhibit stuttering. Stuttering is inhibited by using the techniques of breath-chewing, rate-controlled speech, phrasing, repeating what is said, and chanting in unison. The purpose in using these techniques is to focus the patient's attention on the practice of them, and thereby distract the patient from the problem of stuttering. The second method teaches the individual to exhibit controlled stuttering. The individual is taught step by step to articulate and gradually develop fluency. Psychotherapy is the second treatment that can be used to eliminate stuttering. With this treatment it is assumed that stuttering is a symptom of neurotic behavior and that psychotherapy is the major treatment technique for reducing neuroticism. Indirect measures are used on individuals in the early stages of stuttering. Basically, these measures attempt to create a positive self-image on the individual's part. Direct measures are used on individuals who have developed fear and avoidance reactions as a result of stuttering. These measures enable the individual to confront the fears and stigmas that are a consequence of stuttering, and to adapt his behavior in order to eliminate the stuttering.

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the definition of delayed speech (retarded speech development).	Delayed speech is the lack of developed speech according to age level, or only a partial understanding of language, or vocal expression.
	The students know the rehabilitative techniques for correcting delayed speech.	Delayed speech is treated in a way similar to a learning disability. It must first be determined that the delayed speech is a result of either a cerebral dysfunction, or an emotional/environmental cause. A remedial program is then established based upon the diagnosis of the individual case.
	The students know the remediative process for speech defects associated with hearing impairment.	The specialist is concerned with the articulatory aspect as well as vocal difficulty. The corrective procedures used for articulatory errors are used for speech defects with hearing impairment. In addition, amplification and lip reading will be employed, more intensive auditory training will be necessary, and motokinesthetic stimulation will prove valuable. Overcoming the vocal difficulty will be done by indicating high and low pitch on a piano, by diagramming on the black card to show "up and down", and by hitting blocks together to indicate loudness and softness. These are useful devices to secure varied inflections, lower pitch, and greater flexibility in stress.
	The students know the definition of speech defects associated with a cleft palate.	The speech disorder with cleft palate is due to structural deficiencies caused by the embryonal failure of the bone and tissue of the palates to fuse during the second and third months of pregnancy.

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the definition of speech defects associated with a cleft palate (Cont.)	In the child with cleft palate the muscular tissue which makes up the soft palate may be insufficient to allow a closure between the oral cavity and the nasal cavity. The air stream coming up from the larynx is therefore directed through the nose instead of the mouth. This produces a nasal quality and many defects of articulation.
	The students know the corrective procedures for speech defects with cleft palate.	Surgery may be performed with the intention of improving speech. Some flexibility in the tissue is a result of surgery. If surgery has been performed, then the speech therapist works to relieve the tautness of the whole speech effort by alleviating tension in the jaw, pharynx, tongue, and larynx, and by making the person realize that he is starting to learn how to use a new speaking mechanism. The speech therapist frequently refers the individual back to the surgeon for examination of tissue and scars, and for the possibility of a prosthetic device which will partially fill the opening, and assist in the speech correction process.
	The students know the definition of cerebral palsy.	Cerebral palsy is a motor disability caused by a brain dysfunction.
	The student understands that speech defects are associated with cerebral palsy..	Because incoordination of the motor function is a result of cerebral palsy, cerebral palsy causes mental or psychological disabilities of perception, learning, emotions, and speech.

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the procedure for rehabilitating speech defects associated with cerebral palsy.	The speech correctionist rehabilitates speech defects associated with cerebral palsy by devoting attention to six areas of remediation. These areas are: 1) Sometimes the speech is delayed or inadequate, partly because the parents do not give the child the opportunity to try to exercise the vocal musculature. It is therefore necessary to solicit the cooperation of the parents and to motivate speech through experience and exercise. 2) The child should be taught to swallow continuously, to close the mouth and enclose the tongue in its habitat. 3) The use of mirrors in speech correction is sometimes thought to create greater muscular tension when the child sees his own reactions. 4) The severely palsied child is restricted in movement, and does not have normal opportunities to explore his environment. He needs experiences in motor activities. Since speech is a motor activity it is necessary to use what speech specialists call a multiple-sense modality approach: the use of auditory, visual, and kinesthetic senses in the production of speech. 5) One of the problems with cerebral palsied children is how to create a need in them for improving their speech. How to supply the necessary motivation is one of the major concerns of a speech correctionist.

UNIT	OBJECTIVE	CONCEPT
Speech Impairments (Cont.)	The students know the procedure for rehabilitating speech defects associated with cerebral palsy. (Cont.)	6) Finally, it will be necessary for a speech correctionist to help the child manage his tongue movements, control the synergic movements of swallowing, control facial musculature (grimaces, tics) and muscles of breathing, and control inflection and intonations of voice.
	The students know the definition of aphasia.	Aphasia is an inability to communicate in reading, writing, or speaking, or to receive meaning from spoken or written words. It is caused by a cerebral dysfunction.
	The students know the rehabilitative process for aphasia.	As with delayed speech, aphasia is treated as would a learning disability. Once the impairment has been diagnosed as aphasia the corrective procedure is then set up according to the individual's needs.
	The students are aware that there are agencies that give help to people having a speech impairment.	An agency that aids people with a speech impairment is: American Speech and Hearing Association 9030 Old Georgetown Rd. Washington, D.C. 20014

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REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENT)

ACTIVITY:

Lecture on Speech Impairments and overheads.

OBJECTIVES:

The students know the definition of defective speech.

The students know the causes of defective speech.

The students know the procedure for diagnosing speech disorders.

The students know the classifications of speech defects, the definition of each defect, and the rehabilitative process for each defect.

MATERIAL:

Lecture on Speech Impairments.
Overheads for Articulation

PROCEDURE:

Use the lecture sheet to relate the information on Speech Impairments to the class.

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REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENT)**

LECTURE SHEET

Speech impairments can be related to other mental or physical defects affecting an individual. A physical defect (a loss of hearing) causing a speech impairment is known as an organic factor. Other organic factors producing a speech defect are: cleft palate and/or lip, and cerebral dysfunction.

A speech defect can also be caused by environmental and emotional factors.

The classifications of speech defects are based upon causes for the impairment. The classifications are as follows:

1. Articulation Disorders
2. Speech (vocal) Disorders
3. Stuttering
4. Retarded speech development
5. Cleft palate
6. Cerebral palsy
7. Impaired hearing
8. Aphasia

An articulation disorder is an impairment of the child's ability to produce speech sounds correctly.

The tongue, teeth, lips, palate, and jaw affect the flow of air coming through the larynx (voice box) from the lungs. Any problem with these body parts affect the flow of air because the positions and contacts of these body parts are constantly changing in shape to produce speech.

Many times an individual's articulation problem will be corrected with the growth process depending upon the severity of the disorder. An example of growth process change in a child is their teeth. Losing and growing new teeth changes your speech pattern.

A speech therapist works to correct articulatory disorders. Such a specialist will give speech lessons to children with articulation disorders. The lessons are concerned with the individual developing the proper movements and placement of the tongue, lips, teeth, and cheeks for sound production. (Show the four overheads for articulation).

Vocal disorders are concerned with the quality of sound produced in the larynx. The components of voice quality are loudness, pitch, and tone.

In order to correct vocal disorders the speech therapist trains the individual to listen to his voice, rate, breathing pattern, pitch, and to the voice quality of others (Show (2) overheads on voice).

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Stuttering is when speech rhythm is out of control. The speech pattern is not fluent or smooth. (Use (1) overhead for stuttering).

Rehabilitation for stuttering can be done in many ways. One way is to use speech techniques such as breathing, chewing, rate-controlled speech, phrasing, repeating what is said, and chanting in unison. The purpose in using these techniques is to focus the patient's attention on the practice of speaking and thereby distract the patient from the problem of stuttering.

Another way is to teach the individual to exhibit controlled stuttering. The individual is taught step-by-step to articulate and gradually develop fluency or smooth speech.

Retarded speech is speech which is not developed near the child's age level. An example is a five-year-old who can only say words such as "mama". A partial understanding of language or vocal expression is also considered delayed speech.

In order to rehabilitate delayed speech it must be determined whether the retarded development was due to cerebral dysfunction or to an emotional/environmental cause.

The remedial program is then based upon the diagnosis of the individual case.

Cleft palate is the failure of the bone and tissue of the palate to fuse during the second and third months of pregnancy. The muscular tissue which makes up the soft palate will not allow closure between the oral cavity and the nasal cavity. The air stream, because there is no closure, produces a nasal quality in the individual's speech. Many defects of articulation are caused by the malformed structure of the nose, lips, palate, and teeth.

Correction of cleft palate is done through surgery. The speech therapist is concerned with teaching the individual to speak as best as they can.

A hearing impairment causes speech defects because the individual cannot properly hear others speaking, as well as hear himself speak. The hearing impaired individual cannot determine the extent to which he is articulating properly nor can he determine the loudness, pitch, and tone of his voice.

A remedial program trains the hearing impaired individual to comprehend the speech of others through hearing aids and lip reading. Training the individual to speak is done through motokinesthetic stimulation and proper positioning and contact of the body parts used to speak.

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REVIEW OF DISABILITIES AND REHABILITATION (SPEECH IMPAIRMENT) (Cont)

Aphasia is an inability to communicate in reading, writing, or speaking, or to receive meaning from spoken or written words. A cerebral dysfunction is the cause of aphasia.

Diagnosis of the cerebral dysfunction is made so that a remedial program can be established for each individual case.

A speech defect is classified by determining the extent of the impairment and its cause. The defect is determined through use of the following steps:

- a) obtaining vocal responses from the child by showing pictures;
- b) asking the child to repeat certain words which will identify the articulation defect;
- and c) asking the individual to repeat sounds in nonsense information.

The cause of the speech defect is done by examining the structures of the oral mechanism, observing the home environment, and testing for hearing impairment, cleft palate, or cerebral dysfunction.

The possibility of the individual being mentally retarded is eliminated by assessing the individual's intellectual capability.

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8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (EPILEPSY)

Epilepsy is the sixth disability studied in the Review of Disabilities and Rehabilitation unit.

A person with epilepsy experiences seizures which are due to a disturbance in the brain's electrochemical activity. A seizure can occur at any time.

The causes and treatment of epilepsy are studied in this section as well as the six types of seizures.

The objectives and concepts to be studied in this section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Epilepsy)	The students know the definition of epilepsy.	Epilepsy is a disturbance in the brain's electrochemical activity resulting in convulsive movements of the body, or parts thereof. Nerve impulses in the body are transmitted by electrical and/or chemical reactions. Therefore, a disturbance in the brain will cause disturbances in other parts of the body. Epilepsy derives from the Greek word, epitepsia, meaning to seize, or seizure. When an electrical disturbance occurs in the central nervous system the body is being seized by this disturbance as it moves through the body. An individual who has epilepsy can experience a seizure at any time.
	The students know the kinds of seizures that an epileptic can experience.	There are six types of seizures. They are: 1) Grand mal seizures 2) Petit mal seizures 3) Psychomotor seizures 4) Jacksonian seizures 5) Convulsive seizures 6) Autonomic seizures Each type of seizure has distinguishing features. The grand mal has excessive movements; the petit mal has a temporary loss of consciousness; the psychomotor is characterized by amnesia; the Jacksonian has localized symptoms which move

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY)

UNIT	OBJECTIVE	CONCEPT
Epilepsy (cont.)	The students know the kinds of seizures that an epileptic can experience (cont.)	progressively to other parts of the body; the convulsive seizures are localized on one side of the body; and the autonomic has spontaneous symptoms which strike bodily functions which are independent of one another.
	The students know the causes of epilepsy.	The causes of epilepsy can be classified as either idiopathic or symptomatic. The unknown causes of epilepsy are idiopathic. There is no structural damage in the nervous system that is causing epilepsy. The cases of epilepsy that are classified as idiopathic are approximately 60% to 70%. Symptomatic epilepsy may be caused by acute infection to the brain, trauma, allergies, abnormality of prenatal conditions, emotional instability, malnutrition, birth injuries, and infections such as encephalitis, meningitis, and cardiovascular disorders. The role played by heredity as being a cause of epilepsy is subject to a great deal of disagreement. It is thought that a tendency to react to damage to the brain with seizures is what is inherited, and it is not epilepsy itself.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY)

UNIT	OBJECTIVE	CONCEPT
Epilepsy (Cont.)	The students know the kinds of treatment for controlling epilepsy.	Drug therapy is the primary treatment for controlling epilepsy. Administering drugs to an epileptic is established, and monitored, by a physician. The type of drug to be administered is determined by the type of seizure that the patient is experiencing and by the ability of the patient's body to react favorably to the drug. Once an epileptic has been prescribed medication the physician must then monitor the patient's frequency of seizures. With time the drug prescription may be changed as the frequency of seizures decreases, and eventually the patient may be taken off drug therapy altogether. In a relatively few cases epilepsy may have to be treated surgically. Neurosurgery may be necessary when there is evidence of any of the following conditions: brain tumors, abscesses, scar tissue, or a depressed fracture of the skull.
	The students understand the physiological effects of drug therapy in controlling seizures.	The drugs prescribed for controlling seizures are known as anticonvulsant drugs. These drugs effect the nerves in one of two ways. They depress the function of nervous tissue, or they replace a chemical substance that is lacking in the patient and raise the convulsive threshold to above its normal level.
	The students know the anticonvulsant drugs that can be used to treat epilepsy.	The anticonvulsant drugs that can be used to treat epilepsy are: phenobarbital, Dilantin, Tridione, Paraldione, Mesantoin, and Phenurone.

UNIT	OBJECTIVE	CONCEPT
Epilepsy (Cont.)	The students know the first aid procedures to care for an epileptic who has a seizure.	The following first aid procedures should be used whenever an epileptic has a seizure: 1) Remain calm - the seizure is painless to the person 2) Do not try to restrain the person. 3) Clear around the person so there is no chance of injury on hand or sharp objects. 4) Don't force anything between the person's teeth. 5) Call a doctor <u>only</u> when the attack is followed almost immediately by another major seizure, or <u>only</u> if the seizure lasts more than ten minutes. 6) When the seizure is over let the person rest.
	The students are aware that there are agencies that help persons who have epilepsy.	These agencies are: Epilepsy, Chicago Metropolitan Chapter 22 W. Monroe Chicago, IL. 60603 Epilepsy Foundation of America Midwest Chapter 6 N. Michigan Ave. Chicago, IL. 60602

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REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY)**

ACTIVITY:

Lecture: Epilepsy

OBJECTIVES:

The students know the definition of Epilepsy.

The students know the types of seizures.

The students know some possible causes of epilepsy.

The students know some possible treatments for controlling epilepsy.

The students know the first aid procedures for epilepsy.

MATERIALS:

Lecture Sheet

PROCEDURE:

Use the lecture sheet to relate the information on epilepsy to the students.

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LECTURE SHEET

Epilepsy is a disturbance in the brain's electrochemical activity resulting in convulsive movements of the body, or parts of the body. Nerve impulses are sent by electrical and chemical reactions from the brain to the rest of the body. Therefore, an electrical disturbance in the brain effects the entire body at once, or parts of the body.

The electrochemical disturbance being experienced by a person with epilepsy is called a seizure. There are six types of seizures. The most common seizures are grand mal, petit mal, and psychomotor. Jacksonian, convulsive, and autonomic are the other types of seizures.

A petit mal seizure is a temporary loss of consciousness, e.g. the person seems to be daydreaming.

Psychomotor seizures are characterized by repeated bodily movement (picking at an arm) and by loss of awareness to surroundings (amnesia).

Excessive movements (convulsions) of the body, foaming at the mouth, and being unaware of surroundings characterize a grand mal seizure. A person suffering grand mal seizures leads a life with many restrictions placed upon it. This individual is unable to learn how to drive a car, must avoid playing contact sports, cannot get any type of insurance, and is limited in a choice of occupations, e.g. cannot work in health and medicine.

The causes of epilepsy are classified as either idiopathic or symptomatic. When the cause is unknown it is classified as idiopathic. Symptomatic causes are an acute infection (encephalitis, meningitis) to the brain, trauma (shock), allergies, abnormality of prenatal conditions, emotional instability, malnutrition, birth injuries, and cardiovascular disorders.

Epilepsy is treated by administering anticonvulsant drugs. A physician prescribes the drug to be taken by the patient, and changes the drug to be taken and/or the dosage depending upon the frequency of the seizures. A patient may also be taken off drugs altogether if the seizures become infrequent. Often times children suffering from epilepsy at a very young age will experience seizures less frequently as they get older.

Neurosurgery can be performed on an epileptic if there is evidence of a brain tumor, abscesses, scar tissue, or a depressed fracture of the skull.

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REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY) (cont.)

Discussion Question: What would you do if you witnessed a person having a grand mal seizure?

- a. Remain calm - the seizure is painless to the person.
- b. Don't try to restrain the person.
- c. Clear the area around the person to avoid injury on any hard or sharp objects.
- d. Don't force anything between the person's teeth.
- e. Call a doctor only when the attack is followed almost immediately by another major seizure, or only if the seizure lasts more than ten minutes.
- f. When the seizure is over let the person rest.

**PROJECT: C.H.A.N.G.E.
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REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY)**

ACTIVITY:

Film: "Images"

OBJECTIVES:

The students know the definition of Epilepsy.

The students know the types of seizures.

The students know some possible causes of Epilepsy.

The students know some possible treatments for controlling Epilepsy.

The students know the first aid procedures for Epilepsy.

MATERIALS:

Film: "Images", Illinois Epilepsy Association, Rental

PROCEDURE:

Before Viewing - Explain the definition of Epilepsy and the kinds of seizures as well as the causes of Epilepsy before the class views the film.

Epilepsy is a disturbance in the brain's electrochemical activity resulting in convulsive movements of the body, or parts of the body.

Nerve impulses are sent by electrical and chemical reactions from the brain to the rest of the body. Therefore, electrical disturbance in the brain effects the entire body at once or parts of the body.

The electrochemical disturbance being experienced by a person with Epilepsy is called a seizure.

There are six types of seizures. The most common seizures are grand mal, petit mal, and psychomotor. Jacksonian, convulsive, and autonomic are the other types of seizures.

The film describes the grand mal, petit mal, and psychomotor seizures. Tell the class to observe the characteristics of each seizure.

The causes of Epilepsy are classified as either idiopathic or Symptomatic.

When the cause of epilepsy is unknown it is classified as idiopathic.

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Symptomatic Epilepsy may be caused by an acute infection (encephalitis, meningitis) to the brain, trauma (shock), allergies, abnormality of prenatal conditions, emotional instability, malnutrition, birth injuries, and cardiovascular disorders.

DISCUSSION QUESTIONS:

Ask the class the following questions after they have seen the film.

1) Describe each type of seizure shown in the film.

- A. Petit mal - a temporary loss of consciousness; person seems to be daydreaming.
- B. Psychomotor - characterized by repeated bodily movement (girl picked at her arm) and by loss of awareness to surroundings (amnesia).
- C. Grand mal - excessive movements (convulsions) of the body, foaming at the mouth, unaware of surroundings.

2) What is the treatment for Epilepsy?

Epilepsy is treated by administering anticonvulsant drugs. A physician prescribes the drug to be taken by the patient, and changes the drug to be taken and/or the dosage depending upon the frequency of the seizures. A patient may also be taken off drugs altogether if the seizures become infrequent.

Neurosurgery can be performed on an epileptic if there is evidence of a brain tumor, abscesses, scar tissue, or a depressed fracture of the skull.

3) How is a person suffering grand mal seizures restricted in living his life?

- A. Unable to learn how to drive a car.
- B. Avoid playing contact sports.
- C. Occupational limitations — operation of heavy equipment
 — occupations in transportation
 — occupations in health and medicine
- D. Cannot get any type of insurance.

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REVIEW OF DISABILITIES AND REHABILITATION (EPILEPSY) - 3

- 4) What would you do if you witnessed a person having a seizure?
- A. Remain calm - the seizure is painless to the person.
 - B. Don't try to restrain the person.
 - C. Clear the area around the person to avoid injury on any hard or sharp objects.
 - D. Don't force anything between the person's teeth.
 - E. Call a doctor only when the attack is followed almost immediately by another major seizure, or only if the seizure lasts more than ten minutes.
 - F. When the seizure is over let the person rest.
- 5)
- A. How would you feel about yourself if you had Epilepsy with grand mal seizures?
 - B. What would your feelings be toward other people who knew you had Epilepsy?

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (LEARNING DISABILITIES)

The seventh disability to be studied in the Review of Disabilities and Rehabilitation unit is Learning Disabilities. As yet there is no agreement on the cause of learning disabilities although many authorities believe that brain malfunction is involved.

A person with a learning disability will find it difficult to process language. This includes both receptive and expressive language skills and can be apparent in reading, writing, spelling, listening, or speaking.

This section relates the behavior characteristics of a person with a learning disability, the diagnostic procedures for determining the extent of a learning disability, and the educational placement programs available for remediating learning disabilities.

The objectives and concepts to be studied in this section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Learning Disabilities)	The students know the definition of learning disabilities.	"Learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematic calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such a term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage". (From the Federal Register, February 20, 1975, 40 (35), 741).
	The students know the characteristics of a child with learning disabilities.	Children who are learning disabled tend to exhibit one or more of the characteristics associated with such a disability. The following characteristics are common in a child with learning disabilities: 1) <u>Hyperactivity</u> - child is restless, fidgety, unable to sit still, etc. The problem with such activity is that the child is moving in triple time and is a disturbance to others.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (LEARNING DISABILITIES)

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities) (Cont.)	The students know the characteristics of a child with learning disabilities. (Cont.)	2) <u>Hypoactivity</u> - just the opposite of hyperactivity. 3) <u>Lack of motivation</u> - can be a result of the individual's difficulty in learning. 4) <u>Inattention</u> - inability to focus on any particular activity for any length of time. 5) <u>Overattention</u> - focusing on one particular object and being unable to break the focus. 6) <u>Perceptual disorders</u> - these might include disorders of visual, auditory, tactual, or kinesthetic perception. All these perceptual problems may at first make the child seem to be lacking in sensory acuity, but when acuity checks out as normal the possibility of perceptual disorder must be considered. 7) <u>Lack of coordination</u> - the younger school child with learning disabilities is often slower to develop the ability to throw or catch a ball, to skip, or to run. He is also likely to have difficulty in writing and other fine motor skills. He may be just generally clumsy, he may stumble or fall frequently. 8) <u>Perseveration</u> - the child persistently repeats himself either in writing or in oral response. 9) <u>Memory disorders</u> - this may include either auditory or visual memory.
	The students know the procedure for diagnosing learning disabilities.	Some school districts have established a screening process for the kindergarten children. These children are given perceptual competency skills' tests to determine the possibility of a learning disability. The teacher then refers the children who may have such a disability for further diagnosis

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INTRODUCTION: REVIEW OF DISABILITIES & REHABILITATION (LEARNING DISABILITIES)

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities. (Cont.)	The students know the procedure for diagnosing learning disabilities. (Cont.)	Screening techniques for learning disabilities are not only used at the kindergarten level but rather at every grade level. The classroom teacher refers the child for further diagnosis should the child's behavior indicate a possible learning disability. Parental consent must be received before a school district can begin the diagnostic procedures for learning disabilities. The first procedure in the actual diagnosis of learning disabilities is testing for visual and auditory acuity. If visual and auditory acuity are within the normal limits then the diagnosis for learning disabilities continues. A medical examination and medical history are obtained as well as a social history and an educational history of the child. The educational history should reflect the standardized tests that the child has been given. A battery of psychological tests is administered to the child. This process involves intelligence tests to eliminate the possibility of mental retardation. The Wicksler Intelligence scale or the Stanford-Binet tests are two of the more reliable tests of intelligence. If testing indicates average or above average intelligence, if the tests for visual and hearing acuity indicate no serious uncorrectable losses, and if the educational history indicates no educational deficit as a result of inattentance at school or a cultural disadvantage, then the child is a likely candidate for some kind of learning disability programing.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (LEARNING DISABILITIES)

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities. (Cont.)	The students know the procedure for diagnosing learning disabilities. (Cont.)	The child is then assessed further for learning disabilities in order to determine the type of educational placement that will best help the child to overcome his learning disability.
	The students know the tests used in the diagnosis of learning disabilities.	Some of the assessment techniques used for diagnosis of learning disabilities are: 1) Illinois Test of Psycholinguistic Abilities - evaluates abilities in the visual-motor and the auditory-vocal channels of communication and in relation to receptive, organizing, and expressive psycholinguistic processes. 2) Bender Visual-Motor Gestalt Test - evaluates the ability to respond to designs as a whole. Copying the designs in a stable, predictable way, with variations relating to chronological age indicates normal intelligence and no neurological dysfunctions. 3) Developmental Test of Visual Perception - measures five perceptual skills: eye-motor coordination, figure-ground perception, constancy of shape, position in space, and spatial relationships. 4) Developmental Test of Visual-Motor Integration - tests visual-motor integration, visual perception, tracing, tactual-kinesthetic sense, and simple motor proficiency.

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INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (LEARNING DISABILITIES)

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities. (Cont.)	The students know the tests used in the diagnosis of learning disabilities. (Cont.)	Some of the assessment techniques used for diagnosis of learning disabilities (Cont.): 5) Auditory Discrimination Test - evaluates the subject's ability to discriminate between thirty word pairs, different in a single phonetic, which children with auditory discrimination difficulties might not hear as different. Planned behavioral observations are becoming more and more important in the total assessment process. Each child's unique approach to problem solving (how he approaches a new learning task) may provide important hints as to what may be the most effective teaching approach. These observations are most important when considered in relation to other evaluative techniques.
	The students know the types of educational placement used to remediate learning disabilities.	Placement in a learning disability program may be any one of the following: 1) Self-contained classes - children spend the entire school day in the same classroom. The class size is between six to eight children who have learning problems. 2) Resource rooms - a child with a learning disability is given individual attention in the resource room whenever he has difficulties with a certain subject area during the school year. Every time the child has difficulty in learning a subject the classroom teacher sends him to the resource room where the child will work with the special education teacher in order to overcome the difficulty.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (LEARNING DISABILITIES)

UNIT	OBJECTIVE	CONCEPT
Learning Disabilities. (Cont.)	The students know the types of educational placement used to remediate learning disabilities. (Cont.)	2) Resource rooms (cont.) The resource room is staffed by a special education teacher and possibly an aide. 3) Itinerant teacher program - a teacher travels to the schools in the district. The time spent with each child depends upon the type and severity of the learning disability. 4) Consultive or special materials program - the classroom teacher consults with specialized personnel in order to better help the learning disabled child; or the classroom teacher may have access to special materials that will help the child. It must be remembered that placement of the child with a learning disability depends upon the types of existing programs, the age of the child, level of intelligence, type of disabilities, the severity of the disabilities, and the prognosis for remediation.
	The students are aware that agencies have been established to help individuals who may have a learning disability.	Agencies helping individuals who have a learning disability are: Illinois Council for Children with Learning Disabilities Box 42888 Chicago, Illinois 60690 Chicago Association for Children with Learning Disabilities Box 42888 Chicago, Illinois 60642

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Fact Sheet
Sentence Completion
Matching

OBJECTIVE:

The students know the definition of learning disabilities.

The students know that specific learning disabilities affect specific academic areas.

The students can identify some specific learning disorders.

The students can identify the basis for diagnosing a child as having a learning disability.

The students know the percentage of the population having a specific learning disability.

MATERIAL:

Fact Sheet
Sentence Completion
Matching

PROCEDURE:

Review orally the information on the fact sheet with the students. They can then use the fact sheet to do the sentence completion and matching sheets. Correct the activity sheets with the students the last few minutes of the class period.

ANSWER KEY:

1. Perseveration
2. illness
3. Lack of coordination
4. reading, arithmetic, language
5. Chemical
6. perceptual
7. breakdown, mental process, problem understanding language.
8. Memory disorder
9. Academic achievement
10. 2%, 7%

MATCHING:

- | | | | | |
|------|------|------|------|------|
| 1. F | 3. E | 5. C | 7. D | 9. H |
| 2. B | 4. A | 6. G | 8. I | |

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

FACT SHEET

1. A learning disability is a breakdown in the mental processes causing a problem in understanding or in using spoken or written language.
2. Two Percent to Seven Percent of the population have a learning disability.
3. A learning disability is caused by the failure of the nerves to properly send a message to the brain or to properly carry a message from the brain. Failure of the nerves to function properly can be due to any one of the following causes:
 - A. Irregularities in the chemicals of the body involved with the nervous system (chemical imbalance).
 - B. Brain damage possibly occurring during birth but not detected at the time.
 - C. Disease affecting development during pregnancy.
 - D. Illness or injuries to the central nervous system after the child is born can result in a learning disability.
4. Diagnosing a learning disability is done by determining a child's progress in school through grades and tests (academic achievement) and by analyzing how the child learns in the classroom (teacher's observations).
5. Specific learning disabilities affect school subjects such as reading, spelling, writing, arithmetic, and language.
6. Specific learning disabilities are:
 - A. Perceptual disorders - inability to know where body is in space; trouble seeing and/or hearing when there is no physical problem with their eyes and/or ears.
 - B. Hyperactivity - individual is so restless and fidgety it affects their ability to learn.
 - C. Hypoactivity - individuals have no energy to learn; they are always too tired physically to make an attempt at learning in school.
 - D. Lack of motivation - individuals have no desire to learn because they know the difficulty they have when trying to learn.
 - E. Inattention - inability to focus on any particular activity for any length of time.
 - F. Overattention - focusing on an activity, or object, without being able to break the focus.
 - G. Lack of coordination - clumsiness; inability to perform a physical activity, e.g. skipping or writing.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES (cont)

FACT SHEET

- H. Perseveration - person persistently repeats themselves either in writing or in oral response, e.g. child writing their name on an entire sheet of paper
- I. Memory disorders - person has trouble remembering word sounds and/or the spelling of certain words.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

SENTENCE COMPLETION

NAME: _____

DIRECTIONS: Write the missing word or phrase to complete each sentence.
Refer to the fact sheet when necessary.

1. A student saying the answer over and over again to a question asked in class is a specific learning disability known as _____.
2. A learning disability can be the result of _____ or injury to the central nervous system after birth.
3. Being unable to write and to throw a ball means a person is affected by a _____.
4. Academic areas affected by specific learning disabilities are _____, spelling, writing, _____, and _____.
5. A _____ imbalance in the nervous system is a cause of learning disabilities.
6. Falling over objects while a person walks through an area of space could mean the person has a _____ disorder.
7. A learning disability is a _____ in the _____ resulting in a _____ with _____ or in using spoken or written _____.
8. A _____ is when a person cannot remember the spelling of certain words.
9. Diagnosing a learning disability is done by determining a child's _____.
10. _____ to _____ of the population have a learning disability.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

MATCHING

NAME _____

Match the learning disability with the example you think best describes it. Write the letter of the learning disability next to the number of each example.

- | | |
|---|-------------------------|
| 1. _____ John is told to fill the bucket with water but instead he spills the water from the bucket. | I. Lack of motivation |
| 2. _____ A child constantly gets up from his desk to walk around the classroom causing a disturbance to the other class members. | C. Memory Disorders |
| 3. _____ Jane sits at her desk in class feeling too tired to make any attempt at learning her lessons. | G. Perseveration |
| 4. _____ John will not pay attention to his arithmetic lesson long enough to learn to add three numbers together. | E. Hypoactivity |
| 5. _____ Matt has trouble remembering the sounds of certain words which affect his reading ability. | B. Hyperactivity |
| 6. _____ When the teacher tells the class to write each spelling word 5 times James writes the first word until the entire sheet is filled with the word. | F. Perceptual disorders |
| 7. _____ A child who cannot hit a baseball with the bat and also has trouble writing. | H. Overattention |

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES

MATCHING (Cont)

8. _____ Sheila knows she has trouble when it's time to do her spelling so she has no desire to do it. D. Lack of coordination
9. _____ A gas station attendant repeatedly washes the windshield of a customer's car. A. Inattention

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

ACTIVITY:

Lecture

OBJECTIVES:

The students know the definition of learning disabilities.

The students know that specific learning disabilities affect specific academic areas.

The students can identify some specific learning disorders.

The students can identify the basis for diagnosing a child as having a learning disability.

The students know the percentage of the population having a specific learning disability.

MATERIAL:

Lecture Sheet: Learning Disabilities

Activity Sheet : Sentence Completion

PROCEDURE:

Relate the information on the lecture sheet to the class. As a review have the students do the activity sheet.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES**

LECTURE SHEET

A learning disability is a breakdown in the mental processes causing a problem in understanding or in using spoken or written language.

A learning disability affects certain academic areas. These are reading, spelling, writing, arithmetic, and language.

A memory disorder is a learning disability affecting one's reading ability. A person with a memory disorder has trouble remembering the sounds of certain words and also has trouble remembering the spelling of certain words.

Some other specific learning disabilities are as follows:

A child who cannot sit still is known to be hyperactive. The child is so restless and fidgety he cannot sit still long enough to learn in school.

Hypoactivity means a child has no energy to do any type of activity. Being tired all the time leaves the child with no desire to learn.

The person who cannot hit a baseball and also has trouble writing suffers from a lack of coordination.

Learning disabilities can be due to perceptual disorders.

The person bumping into objects has trouble knowing where his body is in space. They lack body awareness. (Position in space).

A perceptual disorder can affect a person's language skills. A person can misinterpret certain words such as being told to fill a bucket with water and instead the person spills the water from the bucket.

A person may have trouble expressing a thought or perception.

Overattention is a learning disability because the person cannot break their focus on a particular object or activity. Repeatedly washing the windshield of a car is an example.

The inability to focus on an object or activity is known as Inattention. Obviously it is the opposite of the learning disability, overattention.

Perseveration is a learning disability resulting in a person constantly repeating themselves in writing or speaking. A person writing their name completely filling a sheet of paper is an example of perseveration.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES - 2**

A person knowing their difficulty to learn will sometimes affect their desire to keep trying. This lack of motivation can result in a learning disability.

Remember a learning disability affects not only a person's ability to learn school subjects but also to learn physical skills.

It is difficult to pinpoint the cause of a learning disability because a person does not have an obvious physical, visual, or auditory problem. The problem occurs when the message received is not understood by the brain. The nerves sending the message are not working properly so the brain cannot understand the message.

The nerves can also incorrectly send a message from the brain to other parts of the body.

The failure of nerves to function correctly can be the result of any one of the following causes:

1. Irregularities in the chemicals of the body involved with the nervous system (Chemical imbalance).
2. Brain damage possibly occurring during birth but not detected at the time.
3. Disease affecting development during pregnancy. The disease could have resulted in a circulation problem, a poisonous effect in the child, or could have effected the child's metabolism.
4. Illness or injuries to the central nervous system after the child is born can result in a learning disability.

It is difficult to determine the cause of a learning disability because the cause can occur during pregnancy or birth.

Diagnosing a learning disability is done by determining a child's progress in school through grades and tests (academic achievement) and by analyzing how the child learns based on the teacher's observations.

A number of physical and mental tests are given a child in order to eliminate the possibility of the child having a disability such as a hearing impairment or mental retardation.

The physical tests include ones for vision and hearing ability, and a medical examination. A medical history is also obtained to make sure no past injury or illness could be the cause of the learning disability. The mental tests include psychological and intelligence tests.

Once the child has been diagnosed as having a learning disability, a special teaching program is created to help overcome the problem. It's important to remember that a child with a learning disability can learn; it just may take him a little longer.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
LEARNING DISABILITIES - 3

Children having a severe learning disability need more help than less learning disabled because they become easily frustrated. These children are placed in a self-contained class. The entire school day is spent in the self-contained class, and there are only six to eight children in the class.

The less learning disabled children receive help for only part of the school day.

The child may go to a resource room where he receives help with a certain subject from a special education teacher. Or the child's classroom teacher may receive special instructions from a specialist on how to help the learning disabled child with the subject(s) with which he is having trouble. Two percent to seven percent of the population have a learning disability.

Having a learning disability does not make a child different from other children. It just means the child will need more time and help than other children to learn a certain subject. Remember a learning disabled child has an average to above average intelligence. Usually in school (instead of being on grade level - using and doing average (C) work in all eighth grade books) a learning disabled student is two or more years behind in school subjects. An example of this is an eighth grader who understands reading at a fourth grade level and math at a sixth grade level.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

Mental retardation is the eighth disability to be reviewed in the unit, Review of Disabilities and Rehabilitation. It is a disability in which the major effect is a lowering of intelligence. Specifically, mental retardation refers to subaverage general intelligence which originates any time between conception and age 18 and impairs the person's ability to adapt to the demands of society.

Classification systems which categorize mental retardation according to I.Q., the causes of mental retardation, and the rehabilitative processes are studied in this section.

The objectives and concepts to be studied are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Mental Retardation)	The students know the definition of mental retardation.	The American Association on Mental Deficiency defines mental retardation as follows: "Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior".
	The students know the criteria for making a diagnosis of mental retardation.	The criteria used in diagnosing mental retardation are: 1) Intelligence quotient 2) Evaluation of the individual's developmental history and present functioning 3) Evaluation of academic and vocational achievement 4) Evaluation of motor skills 5) Social and emotional maturity
	The students know the diagnostic classification of mental retardation based on I.Q.	An individual diagnosed as being mentally retarded is classified in one of the following categories based on I.Q.: A) I.Q. 52-67: Mild Mental Retardation B) I.Q. 36-51: Moderate Mental Retardation C) I.Q. 20-35: Severe Mental Retardation D) I.Q. < 20: Profound Mental Retardation

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the causes of mental retardation.	The causes of mental retardation are: 1. <u>Genetic</u> A. Extra chromosomal material; errors in cell division resulting in too many or too few chromosomes. Down's Syndrome (Mongolism) is a result of a person having an extra chromosome. Instead of 46 chromosomes a person with Down's Syndrome has 47 chromosomes. B. Mutation: a change in the genetic code of the DNA molecules of which the gene is constructed. C. Genetic susceptibility to a disorder: though not directly inherited, one might have a gene-given disposition toward a condition (e.g. epilepsy, some forms of psychosis, etc.) D. Varying results from similar gene distribution: the same genetic combination might produce different symptoms in different individuals, some pathological, some not. E. Indirect genetic causes: genetic factors sometimes cause biological conditions which in turn cause damage (e.g. Phenylketonuria and galactosemia are hereditary disorders in themselves in which the improper metabolism releases injurious waste products into the system).

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the causes of mental retardation. (Cont.)	Phenylketonuria - an inability of the body to assimilate phenylalanine, an amino acid, generally causing mental retardation. Galactosemia - a genetic defect resulting in an inability of the body to metabolize galactose, a sugar found in milk. 2) <u>Prenatal Causes</u> A. Damage to the central nervous system of the fetus: generally the earlier in the life of the fetus, the more severe the damage. B. Hemorrhage during pregnancy. C. Faulty prenatal care: this accounts for the slightly higher incidence of retardation in the lower socio-economic classes. D. German measles, especially in the first three months of pregnancy. E. Maternal infections: toxemia, malnutrition, etc. Though the placental shield usually protects the fetus, the danger of such infections is greatest during the first trimester (first three months) of pregnancy. F. Congenital syphilis (paresis): the relationship is as yet unknown, but often results in progressive retardation. G. Maternal age: the age of the mother (but not the father) is related to the likelihood of retardation in the offspring. The exact reason is unknown, but is believed to be related to the mother's so-called exhausted fertility.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the causes of mental retardation. (Cont.)	H. Prematurity, anoxia, drugs taken by the mother, etc.. 3) <u>Postnatal Causes</u> The incidence in this category is far less than in the others. The causes, which usually involve damage to the central nervous system, stem mainly from head injury (e.g. birth injuries, cerebral palsy, etc.); tumors, toxins, and infections (e.g. meningitis); encephalitis (e.g. prolonged high fever); and escaped cerebrospinal fluid (Hydrocephalism). 4) <u>Psychological Causes</u> A. Rejection, indifferent maternal care, absence of warm relations during infancy. B. Experimental and sensory deprivations during infancy. C. Overprotection, emotional disturbance, lack of achievement motive, etc..

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the classifications of the mentally retarded for purposes of rehabilitation.	The educable mentally retarded child is one who, because of slow mental development, is unable to profit to any great degree from the programs of the regular schools, but who has these potentialities for development: 1) Minimum educability in reading, writing, spelling, arithmetic, and so forth. 2) Capacity for social adjustment to a point where he can get along independently in the community. 3) Minimum occupational adequacy, such that he can later support himself partially or totally at a marginal level. The trainable mentally retarded child is defined as a child who is so subnormal in intelligence that he is unable to profit from the program of the classes for educably mentally retarded children, but who has potentialities in three areas: 1) Learning self-care in activities such as eating, dressing, undressing, toileting, and sleeping. 2) Learning to adjust in the home, or neighborhood, though not to the total community. 3) Learning economic usefulness in the home, a sheltered workshop, or an institution. The totally dependent mentally retarded child is one who, because of markedly subnormal intelligence, is unable to be trained in self-care, socialization, or economic usefulness, and who needs continuing help in taking care of his personal needs. Such a child requires almost complete supervision throughout his life since he is unable to survive without help.

PROJECT: C.H.A.M.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the I.Q. categories of mental retardation that correspond to the educational classification.	The mildly (52-67 I.Q.) mentally retarded are also classified as educably mentally retarded. While the trainable mentally retarded would most likely be the moderately (36-51 I.Q.) and severely (20-35 I.Q.) mentally retarded. The totally dependent would be the profoundly (I.Q. < 20) mentally retarded.
	The students know the types of educational settings used to rehabilitate the educably mentally retarded.	The educably mentally retarded could possibly attend a special school. At such a school the children are grouped achievement level. The faculty at a special school is departmentally organized so that the children are taught by various teachers during the day. A heterogeneous class, with a wide divergence in chronological age and mental age among the children, may be established if there is a small number of educably mentally retarded children in a school system. A modified special class is one where the educably mentally retarded attend a special education class for part of the day, and attend a regular class for the rest of the day. A homogeneous special class is made up of educably mentally retarded children with a small range of chronological ages and mental ages.

PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM
INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students understand instructional techniques used to teach the educably mentally retarded.	Instruction needs to be systematically presented to the mentally retarded. Learning should be programmed in sequence and presented in such a way that the child will learn at a rate compatible with his development. The need for individualized instruction in special education classes is greater than for a regular class. Instruction and materials must be adapted to the achievement level of each child. This is also true of clinical educational teaching for special disabilities. A day-to-day program presenting the child with short-range as well as long-range tasks in which the child succeeds must be organized in order to combat the possibility that a low frustration tolerance has been developed by the child. The child may also have developed a negative attitude toward school work, as well as compensatory behavior problems, which make the child socially unpopular.
	The students know the facilities available for rehabilitating the trainable mentally retarded children.	Trainable mentally retarded children can either be placed in an institution or placed in a special class in a public school system. Criteria for admitting a trainable mentally retarded child to a special class are as follows: 1) Six years of age; 2) I.Q. must fall in the range from 35 to 50; 3) Medical exam to determine physical ability to participate in such a program; 4) Ability to get along with others; 5) Ability to take care of personal needs, i.e., dressing, toileting;

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the facilities available for rehabilitating the trainable mentally retarded children. (Cont.)	6) A minimum communication ability in the form of either speech or gestures; 7) Favorable recommendation by a committee composed of a psychologist, a social worker, teachers, and other school personnel that the child be accepted into the special class.
	The students know the subjects that comprise the curriculum for educating the trainable mentally retarded.	Subjects that are taught to some degree to trainably mentally retarded are: <u>Reading</u> - ability is limited to reading and recognizing individual names, isolated words and phrases, common words used for individual protection, such as danger, stop, men, women, and other signs which are encountered in a community. <u>Arithmetic</u> - some quantitative concepts, such as more and less, big and little, and the vocabulary of quantitative thinking are taught. Trainable mentally retarded are taught to count up to 10 and to recognize differences between groupings. The older children can learn to write numbers from 1 to 10, and some of them can learn time concepts, telling time by the clock, and possibly understanding the calendar. Some can recognize and remember telephone numbers, their own ages, and some simple money concepts. <u>Motor Development</u> - such stimulation is done through games, recreational activities, various manipulative skills, e.g. arts and crafts, playing, outdoor recreation, and similar activities, such as dramatization.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the subjects that comprise the curriculum for educating the trainable mentally retarded. (Cont.)	<u>Physical Hygiene</u> - the routine of a classroom includes drinking juice or milk, discussion about the kinds of food eaten at different meals, the care of the teeth, cleanliness, safety, and posture. <u>Language</u> - this program includes the development of speech and the understanding of verbal concepts. <u>Mental Development</u> - mental activity can be stimulated through experiences. The teacher attempts to keep in mind the development of imagination, concept building, problem solving, and the ability to discriminate and to remember visual and auditory patterns. <u>Practical Arts</u> - this heading includes cooking, sewing, dishwashing, cleaning, gardening, setting the table, chores around the classroom, preparing foods, and learning to help with home activities. <u>Self-Help</u> - grooming, toileting, dressing, undressing, eating, brushing, teeth, washing, and care of clothes and other personal belongings. <u>Socialization</u> - it is important for the children to learn certain skills which will assist their socialization, such as greeting people, shaking hands with visitors, learning to be quiet while someone else is talking, have acceptable table manners, getting along with classmates in school, helping others who need help, and other activities of an interpersonal nature. <u>Social Studies</u> - the important area of study here is the home and the way it participates in the community. This includes learning about holidays, transportation, church, knowing the months and days of the week, and so forth.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (MENTAL RETARDATION)

UNIT	OBJECTIVE	CONCEPT
Mental Retardation (Cont.)	The students know the subjects that comprise the curriculum for educating the trainably mentally retarded. (Cont.)	<u>Music</u> - a medium through which trainable children can learn many things. Singing, rhythm bands, musical games, and other activities help release energy and also serve as a form of expression and a socializing influence.
	The students are aware that there are agencies which aid in the rehabilitation of the mentally retarded.	Agencies serving people with the handicap of mental retardation are: Chicago Association for the Retarded 343 South Dearborn Chicago, Illinois 60605 Chicago School and Workshop for the Retarded The Byron Center 6050 No. California Avenue Chicago, Illinois 60659 Illinois Association for Retarded Citizens 6 North Michigan Avenue Chicago, Illinois 60602

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
MENTAL RETARDATION**

ACTIVITY:

Lecture on Mental Retardation

OBJECTIVES:

The students know the definition of mental retardation.

The students know the classifications of mental retardation based on I.Q.

The students know the causes of mental retardation.

The students know the classifications of the mentally retarded for purposes of rehabilitation.

MATERIAL:

Lecture on Mental Retardation

PROCEDURE:

Relate the information on the lecture sheet to the students.

**PROJECT: C.H.A.N.G.E.
3TH GRADE CURRICULUM
MENTAL RETARDATION**

LECTURE SHEET

Mental Retardation is marked subaverage I.Q. level existing with weakness in normal adapting behavior and occurring during the developmental stage.

A marked subaverage I.Q. level is an I.Q. score of 70 or below.

Weakness in normal adapting behavior means an individual cannot function in the environment, i.e. home, school.

The developmental stage is regarded as the period between pregnancy and the age of eighteen.

Because mental retardation occurs during the developmental stage it is also known as a developmental disability.

The Intelligence quotient (I.Q.) of an individual is used to classify mentally retarded persons. A person's I.Q. indicates the rate at which the person's intelligence is developing. If the average speed for a race is 100, and a person travels at 75, then that individual is moving at $3/4$ of average speed. In terms of I.Q. level, an individual with an I.Q. of 75 is growing in intelligence 9 months for every 12 months the person lives.

The classifications for mental retardation based upon I.Q. are:

<u>CLASSIFICATION</u>	<u>I.Q. RANGES</u>
Mild Mental Retardation	52-67
Moderate Mental Retardation	36-51
Severe Mental Retardation	20-35
Profound Mental Retardation	20 or below

The Intelligence quotient classifications for mental retardation are used by school systems to determine the education and training mentally retarded children are to receive to make them as independent as possible.

Children with an I.Q. in the range of 52-67 are educably mentally retarded. These children can function the same as normal children except for the fact that it takes them longer to learn in school than it does the normal children.

Educably mentally retarded children attend a regular school. They may need to be in a special classroom all day or go to a special class for a part of the school day. In the special class they receive help with subjects that are difficult for them.

The trainable mentally retarded are those who have an I. Q. between

**PROJECT: C.H.A.M.G.E.
8TH GRADE CURRICULUM
MENTAL RETARDATION - 2**

36 and 51. Children who are trainably mentally retarded are not able to learn the subjects taught in a regular school. The trainable mentally retarded children are able to learn simple jobs. Such jobs are learned at sheltered workshops or at an institution.

A person who cannot develop self-care habits is a totally dependent mentally retarded child. Totally dependent mentally retarded people have an I.Q. of 35 or below.

Totally dependent mentally retarded children are usually placed in an institution where their personal needs can receive constant attention.

Causes of mental retardation are:

1. Genetic

- A. Extra chromosome material resulting in too many or too few chromosomes. An example being Down's Syndrome (Mongolism) in which a person has 47 chromosomes instead of the 46 chromosomes in a normal person. The extra chromosome causes mental retardation.
- B. Any other genetic disorder such as mutation, genetic imbalance, and a hereditary disorder.

2. Prenatal Causes

- A. German measles
- B. Drugs taken by the mother.
- C. Hemorrhaging by the mother.
- D. Severe infections in the mother.
- E. Age of the mother.

3. Postnatal Causes (after the child is born)

- A. Head injuries
- B. Tumors
- C. Toxins
- D. Infections
- E. Encephalitis
- F. Escaped cerebrospinal fluid (Hydrocephalism).

4. Psychological Causes

- A. Rejection, indifferent maternal care, absence of warm relations during infancy.
- B. Experiential and sensory deprivations during infancy.
- C. Overprotection, emotional disturbance, lack of achievement motive, etc.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
MENTAL RETARDATION**

ACTIVITY:

Filmstrip: Developmental Disabilities

OBJECTIVES:

The students know the definition of mental retardation.

The students know the classifications of mental retardation based on I.Q.

The students know the causes of mental retardation.

The students know the classifications of the mentally retarded for purposes of rehabilitation.

MATERIAL:

Filmstrip and cassette: Developmental Disabilities, from the Hello Everybody series, SFA, 1977.

PROCEDURE:

Let the students view the filmstrip.

Conduct an oral discussion about the filmstrip with the class by asking them the questions listed below.

QUESTIONS FOR ORAL DISCUSSION:

1. How would you classify Sheila's mental retardation? As educable, trainable, or totally dependent. Why?

Educable; Sheila is able to learn in a regular school setting. She is, however, a slow learner.

2. How would you classify Janie's mental retardation? Educable, trainable, or totally dependent. Why?

Trainable; Janie can learn simple tasks and she can also learn self-care.

3. What is the cause of Janie's mental retardation?

Genetic

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
MENTAL RETARDATION - 2**

4. What is the name for the cause of Janie's mental retardation?

Down's Syndrome or Mongolism

5. What happened to make Bill mentally retarded?

Bill suffered brain damage at birth.

6. Why would you classify Bill as being a totally dependent mentally retarded child?

Bill cannot take care of himself nor can he learn simple tasks.

7. Should Sheila be looked upon as being different by her classmates because she is mentally retarded?

No. Sheila is just like her classmates. She has the same interests as them; and she experiences the same feelings as her classmates. The only problem Sheila has that her classmates do not is difficulty in learning her subjects in school. This is not to say that Sheila's classmates do not have a problem learning things at one time or another.

**PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM**

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

The final disability to be reviewed in the Review of Disabilities and Rehabilitation unit is Emotional Problems. Emotional Problems was selected to demonstrate the effect mental strain or fatigue can have on an individual's ability to function. Because an emotional problem affects behavior, the term behavior disorder is used interchangeably with it.

The types of emotional problems, the theories explaining emotional problems, the diagnosis of emotional problems, and the special education programs available for rehabilitation of emotional problems are studied in this section.

The objectives and concepts to be studied in this section are:

UNIT	OBJECTIVE	CONCEPT
Review of Disabilities and Rehabilitation (Emotion Problems)	The students know the definition of emotional problems (behavior disorders).	The term emotional problems and behavior disorders are interchangeable. The State of Illinois defines behavior disorder as follows: The child exhibits an affective disorder and/or adaptive behavior which significantly interferes with his or her learning and/or social functioning. (Rules and regulations, 1975, p.13).
	The students know the types of emotional problems.	There are four basic behavioral patterns. An individual may exhibit behaviors from more than one category, so it is not possible to neatly classify a particular person as a specific type. The four types of behavior are: 1) <u>Acting-out behavior</u> - physical and verbal aggression. This may be extreme and overt in some individuals. In others it may be very subdued yet persistent, such as the individual who regularly engages in secret mildly destructive acts. 2) <u>Withdrawing behavior</u> - extreme shyness or reclusiveness. 3) <u>Defensive behavior</u> - lying, cheating, daydreaming, crying, manipulative eating, etc. These behaviors allow the individual to protect himself from failure, fear of not measuring up to themselves or others, embarrassment about the truth, and to takes the focus from themselves.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students know the types of emotional problems. (Cont.)	3) Defensive behaviors are used by everyone at various times. They are considered abnormal only when they become a way of life rather than a way of handling isolated problems. If an individual lies when the truth would be easier, their defensiveness is getting in the way. 4) <u>Disorganized behaviors</u> - withdrawal or retreat from reality. These individuals are often extremely withdrawn; they may not talk to other people, be disoriented in terms of time and place, and appear to not see or hear others, and sit and rock for hours.
	The students know the theories which explain the causes of emotional problems.	One of the approaches to identifying the cause and treatment of behavior disorders is the Psychodynamic Approach. This approach believes that behavior disorders arise from psychological conflicts within an individual. The psyche is composed of the id, ego, and superego, and each interacts with the other. The id is a primitive urge (basic bodily needs); the superego is an inhibiting, very idealistic force (the conscience); and the ego is the realistic force that manages the id and superego (the link between the inner being and the external environment). Conflicts can arise within a person as a result of unresolved needs, impaired parent-child relations, and other factors. This approach studies the past history of an individual to determine the causes of the behavior disorder.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students know the theories which explain the causes of emotional problems (Cont.)	Case histories, personal interviews, and projective tests are used to diagnose a problem by the psychodynamic approach. Treatment takes the form of counseling, play therapy, or psychoanalysis. The individual must understand the inner conflict that is leading to the behavioral disorder. An approach viewing behavioral deviation as being the result of organic dysfunction is the biophysical approach. Various theories have been developed, identifying a variety of biogenetic causal factors such as neurological impairment and biochemical factors. In order to determine neurological impairment electroencephalograph (EEG) findings (brain wave patterns), neurological examinations, developmental histories, and current reports from parents and teachers are used as a basis. The brain dysfunction is not treated but rather the behavioral disorder is treated by using one of two procedures. The first procedure, and the one most frequently used, is the administering of stimulant drugs. The other procedure is to rechannel the behavior from a negative expression to a positive one. This is accomplished by educating and training the individual. Another model which identifies and treats behavioral problems is the behavioral approach. The behaviorist approach states that behaviors are learned from the environment presently surrounding the individual. Parents, teachers, and peers are important components of a child's environment.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students know the theories which explain the causes of emotional problems. (Cont.)	The behaviorist approach is concerned with that aspect of the environment that is perpetuating the inappropriate behavior by the child. A child learns appropriate and inappropriate behavior from the environment. Behavior is affected by the environment in three ways. It can maintain behavior at its present level, it can increase behavior, or it can decrease behavior. In order for a behavior to be maintained or increased, it must be positively reinforced. A behavior decreases when it is punished, or when it is not occasionally reinforced. The lack of reinforcement, or even the punishment of an appropriate behavior, can result in a behavior disorder. When attempting to diagnose a behavioral disorder, the environment is observed so that determination can be made as to which events cause the inappropriate behavior, or the punishing of an appropriate behavior. An objective measurement of the behavior must also be made in order to determine the severity of the problem, and to observe the progress that is being made in changing the behavior. Treatment for a behavioral problem is teaching the desired behavior. This desired behavior is positively reinforced each time it occurs. Inappropriate behavior is usually ignored.

PROJECT: C.H.A.N.G.E.

5TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATIONS (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students understand the procedure for diagnosing a child as having an emotional problem.	The initial step for diagnosis of an emotional problem is the screening process. This process tentatively identifies a child with an emotional problem. Specialists will determine whether or not a child does in fact have a specific behavioral disorder. The screening process is most often performed by the classroom teacher. It is, therefore, a rather simple and straightforward technique. The teacher then makes a formal referral on a child who may have an emotional problem to a team of specialists. As previously mentioned, these specialists will make a definite identification by conducting a thorough diagnostic evaluation. If a child does have a behavior disorder, then the specialists will recommend that the child receive rehabilitation for a specific behavior disorder. There are 10 questions that can be used as a guideline for diagnostic decisions. These questions are: 1) What is the evidence to indicate that any problem exists? 2) What is the child's learning ability? 3) What is the pupil's socio-economic status? 4) What is the pupil's cultural background? 5) What is this pupil's social role with his peers? 6) What is the status of this pupil's physical health? 7) Is this pupil going through a normal developmental phase?

PROJECT: C.H.A.N.G.E.

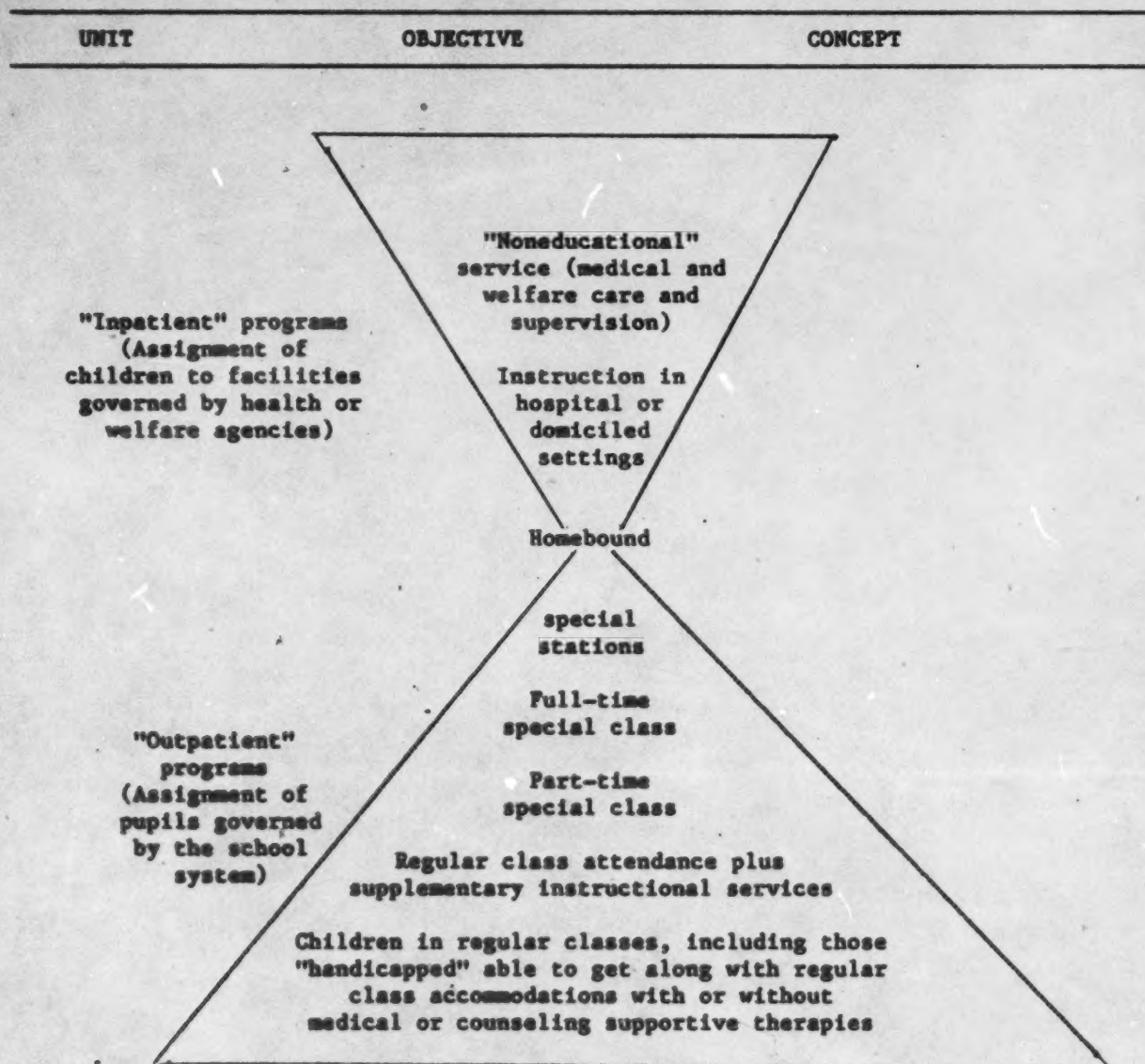
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students understand the procedure for diagnosing a child as having an emotional problem (Cont.)	8) Is this pupil reacting to some unrecognized situation with the school environment? 9) Is the student reacting to some unrecognized situation at home? 10) Is this student just a different child? The special education services that a child will need for rehabilitative purposes depends upon the severity of the behavior disorder.
	The students understand the Cascade system of special education services for rehabilitating behavior disorders.	The Cascade system was designed by E. Deno because she felt that the special education services should be organized with the intent that it be a means of meeting the learning needs of children who are different. The Cascade system is designed to make available whatever different-from-the-mainstream kind of setting is required to control the learning variables deemed critical for the individual case. It is a system which facilitates tailoring of treatment to individual needs rather than a system for sorting out children so they will fit conditions designed according to group standards not necessarily suitable for a particular case. The Deno model is characterized by flexibility and adaptivity in placement. It is applicable to any category of handicapped children or youth. The cascade system includes seven levels.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)



PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students know the types of therapy involving a psychiatrist or psychologist that are used to rehabilitate a behaviorally disordered child.	Psychotherapy involves direct communication between the patient and the therapist. The purpose of this therapy is to improve a patient's life adjustment by diminishing disturbing symptoms and by freeing him of incapacitating internal conflict. Psychotherapy can involve special techniques in order to treat children. These techniques are play therapy, art therapy, creative stories and humor. Play therapy techniques include directed or structured play, free play, dramatic play, and puppetry. Art therapy includes the use of the graphic arts, clay modeling, crafts, music, and dance. Parent therapy is necessary when a parent, or parents, cannot support the therapist's efforts to rehabilitate the child. It is often necessary for parent(s) to resolve his/her personal problems before he/she can effectively respond to the child's problem. Group psychotherapy deals with a group of children or youth who have the same needs, characteristics, and ages. The effectiveness of this therapy depends upon the training and experience of the therapist. Group therapy includes group discussion of personal problems, feelings, attitudes, etc.; activity groups; group play, role playing, and psychodrama. This therapy is often used in conjunction with individual therapy.

PROJECT: C.H.A.N.G.E.

5TH GRADE CURRICULUM

INTRODUCTON: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students know the types of therapy involving a psychiatrist or psychologist that are used to rehabilitate a behaviorally disordered child. (Cont.)	Family therapy is used when the therapist assumes that the family relationship is creating a harmful atmosphere, thus causing the emotional problems in the children. This therapy is usually performed in conjunction with individual therapy for one or more members of the family. Each member of the family expresses his feelings and attitudes concerning the problem under discussion. During these therapy sessions the therapist observes how the family functions, how it communicates, how it resolves conflicts, and how, if at all, it forms suballiances.
	The students understand the necessity for residential treatment facilities for rehabilitating behavior disorders.	Residential treatment facilities are used to rehabilitate severely behavior disordered children. The basis for these treatment facilities is that a troubled child needs more than just a few isolated hours of individual or group therapy. The child should have every aspect of his life designed to build on his health. The facility is a totally therapeutic setting taking the following into consideration: individual therapy, school, group work and group therapy activities, eating, bedtime and waking, and incidental daily relationships with the staff. The duration of a child's stay at a residential treatment facility varies from a few weeks, or months, to several years. Residential treatment facilities rehabilitate youth as well as children. Examples of residential treatment facilities are public and private mental hospitals, training schools, and specialized residential treatment centers, as well as detention centers, prisons, and work camps.

PROJECT: C.H.A.N.G.E.

8TH GRADE CURRICULUM

INTRODUCTION: REVIEW OF DISABILITIES AND REHABILITATION (EMOTIONAL PROBLEMS)

UNIT	OBJECTIVE	CONCEPT
Emotional Problems (Cont.)	The students understand the necessity for residential treatment facilities for rehabilitating behavior disorders (Cont.)	The staff at the residential treatment facilities include psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, physicians, special education teachers and aids, language therapists, occupational therapists, and child care workers. Group therapists, and child care workers. Group therapists, rehabilitation counselors, and recreation therapists may also be members of the staff. The staff designs, creates, manipulates, and maintains the therapeutic setting for the benefit of the individual child.
	The students are aware that there are agencies that help people with emotional problems.	Agencies that aid people with emotional problems are: Pritzker Medical Center 950 East 59th Street Chicago, Illinois Mental Health Association 1800 North Kent Street Arlington, Va. 22209

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Emotional Problems Fact Sheet

Emotional Problems Matching

OBJECTIVES:

The students know the definition of emotional problems.

The students know the types of emotional problems.

The students know theories which explain the causes of emotional problems.

The students understand the procedure for diagnosing a child with an emotional problem.

The students know the special education services for rehabilitating behavior disorders.

MATERIALS:

Fact Sheet: Emotional Problems

Emotional Problems Matching

PROCEDURE:

Review the information on the fact sheet with the students.

The students then do the matching sheet working on their own.

When the students have completed the assignment correct the matching sheet with them.

ANSWER KEY:

MATCHING:

1. H	6. B	11. C
2. B	7. D	12. G
3. A	8. F	13. B
4. I	9. H	14. E
5. F	10. G	15. G

**PROJECT: C.N.A.M.G.E.
5TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

FACT SHEET

An emotional problem is a behavior which interferes with the person's learning and/or social functioning.

The term emotional problems is used interchangeably with the term behavior disorders.

There are four basic behavioral patterns used to classify an individual as having an emotional problem. An individual can display behaviors from more than one of these classifications.

The four types of behavior are:

1. Acting-out behavior - physical and verbal aggression.
2. Withdrawing behavior - extreme shyness or reclusiveness.
3. Defensive behavior - lying, cheating, day-dreaming, crying, etc. These behaviors allow the individual to protect himself from failure, fear of not measuring up to themselves or others, embarrassment about the truth, and to take focus from themselves.
4. Disorganized behaviors - withdrawal or retreat from reality.

These behaviors are considered wrong when displayed by a child at an inappropriate time.

Diagnosis of an emotional problem is done in two steps.

The first step is for the classroom teacher to observe the child's behavior in class. The teacher will record the inappropriate behavior each time it is displayed by the child. A formal referral for a diagnostic evaluation is then made by the teacher.

The child is thoroughly evaluated by a team of specialists. The specialists take into consideration the child's developmental level, including intelligence, social behavior, emotional and physical make-up, the child's sex, the culture and sub-culture in which the child lives, and the child's surrounding environment (persons, events, and places).

Once the specialists have determined the severity of the behavior disorder they decide upon the special education services (if any) to be used to help the child overcome the problem.

The Cascade System has been developed in order to find the type of service needed to meet the child's needs.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 2**

The child will be helped either by a health agency or the school system.

The health agency supervises the child's rehabilitation while the child is in a special education setting.

The child is placed in some type of special class for children with behavior disorders. The child can be in a special class part of the day and the regular classroom the remainder of the school day, or placed in a regular classroom while receiving counseling or therapy, or all day in a special class.

Place this drawing on the board before explaining the psychodynamic approach:



There are three theories explaining the cause(s) of emotional problems.

The Psychodynamic Approach believes behavior disorders arise from psychological conflicts within an individual.

The psyche is composed of the id, ego, and superego, each working with the other. The id is a primitive urge (basic bodily needs); the superego is an inhibiting, very idealistic force (the conscience); and the ego is the realistic force that manages the id and superego (the link between the inner being and the external environment).

A behavior disorder results when the id or superego become the controlling force of the child's emotions.

In order for the child to overcome the emotional problem the child must understand the inner conflict (problems) causing the inappropriate behavior.

The Biophysical Approach views a behavioral disorder as being the result of physical breakdown.

The nerves might be impaired or there might be a biochemical imbalance.

The child's emotional problem is treated in one of two ways. The first way is to treat the physical problem. This is usually done by a psychiatrist or physician administering a stimulant drug to make the nerves function properly or to overcome the biochemical imbalance.

PROJECT: C.H.A.W.G.E.
8TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 3

The second way is for the child's behavior to be changed from a negative expression (acting out) to a positive one (acting correctly). This is accomplished by educating and training the child to control his behavior (self discipline).

The Behaviorist Approach is concerned with that aspect of the environment which causes or allows the inappropriate behavior by the child to occur.

Behavior is affected by the environment in three ways. It can maintain behavior at its present level, it can increase behavior, or it can decrease behavior.

Positive reinforcement (reward) will maintain or increase a behavior.

A behavior decreases when negatively reinforced (punished) or when it is not occasionally reinforced (ignored).

The lack of reinforcement (rewards) or even the punishment of an appropriate behavior can result in a behavior disorder.

A behavior disorder, then, is treated by reward for the appropriate behavior, and lack of reinforcement (ignored) for the inappropriate behavior.

Of the three theories explaining the cause and treatment of behavior disorders, the behaviorist approach is held to be the most reliable one by specialists treating emotional problems.

It is important to remember that society (people) judge the behavior to be appropriate (right) or inappropriate (wrong). People judge others by their own standards (their views of right and wrong). In some societies (cultures) which are different from our own, behaviors we feel are inappropriate are accepted. Simply, we make the rules of how we feel people should act.

**PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

MATCHING

NAME: _____

DIRECTIONS: Match the statement which best describes the listed terms.
The terms can be used more than once.

- | | | |
|--|-------|--|
| A. Behavior Disorder | _____ | 1. This approach views a behavioral disorder as being the result of a nerve impairment. |
| B. Incidence rate of behavior disorders | _____ | 2. More boys than girls are classified as behavior disordered with the ratio being 4 to 1. |
| C. Acting-out behavior | _____ | 3. A behavior interfering with a child's learning and social functioning. |
| D. Withdrawing behavior | _____ | 4. Treatment for a behavioral problem is teaching the desired behavior. This desired behavior is positively reinforced each time it occurs. Inappropriate behavior is usually ignored. |
| E. Disorganized behavior | _____ | 5. Cindy cries when her teacher assigns a new spelling lesson to the class. |
| F. Defensive behavior | _____ | 6. Behavior disorders are found in 4% to 8% of the population, ranging in ages from 0 to 19 years. |
| G. Psychodynamic Approach | _____ | 7. Peggy Anne spends all her leisure time alone in her room playing with her doll. |
| H. Biophysical Approach | _____ | 8. An individual lies when it would be much easier for him to tell the truth. |
| I. Behavioral Approach | _____ | 9. The behavior disorder is viewed as being the result of a physical breakdown. |
| | _____ | 10. This approach believes emotional problems arise from psychological conflicts within an individual. |

**PROJECT: C.E.A.N.G.E.
8TH GRADE CURRICULUM
EMOTIONAL PROBLEMS - 2**

- _____ 11. Physical and verbal aggression.
- _____ 12. The id is a primitive urge. An example is a person wanting food when he's hungry, and not caring about how he gets it.
- _____ 13. Behavior problems occur at a high rate among primary grade and Junior High School pupils.
- _____ 14. An individual is extremely disorganized he does not talk to other people, is disoriented in terms of time and place, appears to not see or hear others, and sits and rocks for hours.
- _____ 15. The psyche is composed of the id, ego and superego, and each interacts with the other.

**PROJECT: C.E.A.M.G.E.
8TH GRADE CURRICULUM
EMOTIONAL PROBLEMS**

ACTIVITY:

Filmstrip: Joel

OBJECTIVES:

The students know the definition of emotional problems.

The students know the types of emotional problems.

The students know theories which explain the causes of emotional problems.

The students understand the procedure for diagnosing a child with an emotional problem.

The students know the special education services for rehabilitating behavior disorders.

MATERIALS:

Filmstrip and cassette: "Joel", Workshop Films, 1978.

PROCEDURE:

The class should view the filmstrip after they have heard the lecture.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
REVIEW OF DISABILITIES AND REHABILITATION

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HEALTH CAREERS



JUNIOR HIGH LEVEL

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: HEALTH CAREERS**

The final unit of instruction in the 8th Grade Program is Health Careers. This unit is the portion of the 8th Grade program which introduces Health Careers as they relate to the diagnosis and rehabilitation of disabilities. To facilitate the study of Health Careers the specific careers have been categorized as either medical or non-medical.

Having an awareness of such career opportunities may some day create an interest in a student(s) to pursue a Health Career.

The objectives and concepts to be studied in the Health Careers Unit are:

UNIT	OBJECTIVE	CONCEPT
Health Careers	The students are aware of the career opportunities available to non-handicapped people interested in health and medicine.	There are many, and varied, career opportunities in the medical field for people who have the intelligence and competency to fulfill the responsibilities of these occupations. There are also many careers in the nonmedical field that are related to helping handicapped people. Whether the career chosen is a medical, or nonmedical one, it must be remembered that the common goal of all these careers is that the patient live as full a life as possible within the scope of his particular handicap and abilities.
	The students know the medical careers that are related to helping the handicapped.	Medical careers that are involved with diagnosing, treating, and rehabilitating the handicapped are as follows: 1) <u>Physician</u> - a medical doctor whose wide ranging knowledge of medicine allows this person to work as a general practitioner, or the medical doctor may choose to specialize in a specific area of medicine, e.g. neurologist. A physician specializing in rehabilitation medicine will head a team of specialists working to rehabilitate patients. 2) <u>Audiologist</u> - hearing specialist who examines the integrity of the ear and its structures, measures hearing levels by use of an audiometer, and evaluates hearing defects.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: HEALTH CAREERS

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UNIT	OBJECTIVE	CONCEPT
Health Careers (Cont.)	The students know the medical careers that are related to helping the handicapped (Cont.)	3) <u>Neurologist</u> - a physician who specializes in the treatment and care of the nervous system. 4) <u>Endocrinologist</u> - a medical physician who specializes in the treatment of diseases involving secretion of glands of the endocrine system. 5) <u>Ophthalmologist</u> - a certified medical physician who specializes in the branch of medicine dealing with the structure, functions, and diseases of the eye. 6) <u>Otolaryngologist</u> - a certified medical physician who specializes in the branch of medicine dealing with diseases or malfunctions of the ear, nose, and throat. 7) <u>Pediatrician</u> - a medical physician who specializes in the treatment of the diseases of infants and children. 8) <u>Psychiatrist</u> - a medical physician who specializes in the treatment of emotional disorders, especially psychoses and neuroses. 9) <u>Nurse</u> - this medical person is responsible for the general care of a patient as well as monitoring the patient's health. 10) <u>Rehabilitation Nurse</u> - besides the general nursing care given to the patient, the rehabilitation nurse is trained to understand the specific problems of the physically disabled patient.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: HEALTH CAREERS

H-3

UNIT	OBJECTIVE	CONCEPT
Health Careers (Cont.)	The students know the nonmedical careers that are related to caring for the handicapped people.	Some of the nonmedical careers that are involved with caring for handicapped are as follows: 1) <u>Physical therapist</u> - a physical therapist treats disease and disability by physical means, including among other measures, water, air, heat, cold, massage, exercises, and electricity. The physical therapist works very closely with the physician in the rehabilitation process of the patient. 2) <u>Occupational therapist</u> - a certified, nonmedical specialist who works with physicians on referral to provide treatment of mental and physical ailments by exercises designed to productively preoccupy the mind and/or correct physical impairments. 3) <u>Psychologist</u> - a nonmedical specialist who is concerned with human behavior. A psychologist can be involved at different levels of caring for the handicapped. This specialist can be involved with diagnosis by administering educational and psychological tests, with treating school adjustment problems, or with the rehabilitation process by offering counseling on personal and occupational levels. 4) <u>Rehabilitation coordinator</u> - this is an administrative and supervisory position. The prime responsibility of this person is to integrate the various therapies and services for the maximum benefit to the patient. Such a coordinator works in large rehabilitation centers.

UNIT	OBJECTIVE	CONCEPT
Health Careers (Cont.)	The students know the nonmedical careers that are related to caring for the handicapped people (Cont.)	5) <u>Medical social worker</u> - primary concern is with the personal effect of a disability, such as economics and the interpersonal relationship of family and friends. 6) <u>Social worker</u> - concerned with adjustments in interpersonal relationships as well as an individual's self-concept. 7) <u>Vocational rehabilitation counselor</u> - a specialist whose job it is to encourage an individual with a physical, mental, or emotional handicap to achieve the maximum utilization of his capacities and abilities for employment. 8) <u>Corrective therapist</u> - this specialist works in a hospital, clinic, or rehabilitation centers. The corrective therapist is concerned with conditioning muscles through exercises, with correcting postural deviations, with educating the patient in the use of orthotic and prosthetic devices, and with teaching adapted sports, games, and other activities. 9) <u>Adapted physical education</u> - adapted physical education is an important part of the educational setting at all levels, i.e. elementary, secondary, and college. Students with physical, mental, or emotional disabilities attend physical education classes that have been adapted for their particular disability. The activities of a normal physical education class have been adapted so that the disabled students can gain the same experiences as do the normal children. It also gives the atypical students the opportunity to develop their physical, mental, and emotional needs.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
INTRODUCTION: HEALTH CAREERS

H-5

UNIT	OBJECTIVE	CONCEPT
Health Careers (Cont.)	The students know the nonmedical careers that are related to caring for the handicapped people (Cont.)	10) Speech therapist - specialist who determines the severity of the speech disorder, and then establishes an appropriate remediation program. A speech therapist works with articulatory disorders, vocal disorders, delayed speech, and speech defects associated with other disabilities, e.g. cerebral palsy. 11) <u>Recreational therapist</u> - this therapist uses recreational activities to afford the patient an opportunity for emotional release, and the use of physical capacities and abilities. 12) <u>Music therapist</u> - the therapist gives the patient a chance to socialize with others by becoming involved in singing, dancing, and the playing of instruments. Music also has physiological, psychological, and emotional effects on the patients. 13) <u>Dance therapist</u> - this specialist works with such people as the mentally retarded, emotionally disturbed, and the educationally handicapped, who have minimal brain dysfunctions. By becoming involved in dance, the patient can find self-expression, nonverbal communications, and increase self-awareness and positive self concepts.

PROJECT: C.H.A.N.G.E.
 8TH GRADE CURRICULUM
INTRODUCTION: HEALTH CAREERS

UNIT	OBJECTIVE	CONCEPT
Health Careers (Cont.)	The students know the nonmedical careers that are related to caring for the handicapped people (Cont.)	14) <u>Optometrist</u> - a licensed, non-medical specialist who works with the measurement of the range and power of vision, examination of the eyes, and prescription of glasses. An optometrist can also practice orthoptics which is strengthening the muscles of the eyes through exercising of the eyes. 15) <u>Orthotist</u> - a specialist who fabricates braces and devices to stabilize a patient's spine or increase mobility in arms and legs. 16) <u>Driver's education specialist</u> - assists the patient in learning to drive again, often with the aid of special devices. Usually trains patients having a physical handicap.
	The students understand the educational requirements to attain a career that is related to working with the handicapped.	The educational requirements leading to a career of working with handicapped individuals is as varying as the available occupations. In some cases a certificate may be all that is necessary, while in others, years of schooling and training culminating in the title medical doctor may be necessary.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Lecture Sheet
Careers List
Matching

OBJECTIVES:

The students know the career opportunities available to them in medical and non-medical professions concerned with rehabilitating handicapped people.

The students know handicapped people can have careers related to caring for handicapped people.

The students realize handicapped people want to have a rewarding career the same as non-handicapped people.

MATERIAL:

Lecture Sheet
Careers List
Matching and Answer Key

PROCEDURE:

Relate the information on the lecture sheet to the students. Distribute the career lists to the students so they can read them. When the students have read the career lists they can then do the matching sheet. Collect the career lists so the students can use them for the next lesson.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

LECTURE SHEET

This year you have reviewed the disabilities which can handicap people as they try to live a life that will give them self-fulfillment and satisfaction.

You have learned the rehabilitative process for specific handicaps, and the ways in which a handicapped person's environment can be designed to help him lead as rewarding a life as is possible.

Many times a handicapped person will pursue a career helping rehabilitate other handicapped people. The handicapped person finds such a career very satisfying because there is a feeling of empathy (understanding) for the handicapped people being helped. Having a handicapped person to work with them gives the handicapped people someone with whom they can identify. They strive to rehabilitate themselves as fully as possible so they too can lead a self-fulfilling life.

There is great satisfaction for non-handicapped people working in a career related to the handicapped. There are many medical and nonmedical careers which have a role in the diagnosis, treatment, and rehabilitation of disabled people.

Read the list of health careers that has been distributed to you and then do the activity sheets.

SPECIAL EDUCATION CAREERS

H-7	<u>Position</u>	<u>Functions</u>	<u>Education Requirements</u>
	1. <u>SPEECH PATHOLOGIST</u> Employment Areas: Hospital, Clinic, Schools, Rehabilitation Centers, Private Practice	Works with communication disorders such as: Cleft palate, hearing loss, stutterers, etc.	Five-year College program. Bachelors Degree and a Masters Degree are required.
	2. <u>TEACHER OF THE DEAF</u> Employment areas: Hospital, School, Clinic, Rehabilitation Center	Works with deaf and hard-of-hearing clients in academics and finger spelling, sign language, all academics, oral language	College - Four-year program Bachelors Degree
	3. <u>SOCIAL WORKER</u> Employment areas: Private Practice, School, Hospital, Clinic, Rehabilitation Center, Industry	Works with problems in the social and emotional aspects of: Home, job and relating to others and self.	College - Five or Six Year Program and Internship. Bachelors Degree and a Masters Degree
	4. <u>SPECIAL EDUCATION TEACHER</u> Employment areas: School-resource self-contained room, tutorial agency	Works with any of the following types of problems in academics: Mentally retarded, learning disabled, visually impaired, physically handicapped and behavior problems.	College - Four Year Bachelor Degree in a Specific Disability Area
25	5. <u>GUIDANCE COUNSELOR</u> Employment Opportunities: Schools, Industry, Hospital/Clinic	Works with developments of educational plan, job skills, career placements and provides service information.	College - Five to Six Year Bachelors Degree, Masters Degree

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

The following is a partial list of professions covering all aspects of health.

PROFESSIONAL OCCUPATIONS:

Anesthesiologist:	gives anesthetic to make patient insensitive to pain.
Biologist:	scientist who studies living things.
Cardiologist:	specializes in the heart and its disorders.
Chemist:	a scientist who analyzes and rearranges matter.
Chiropractor:	treats illness that is believed to be caused by interference with the nervous system by manipulating or adjusting specific parts of the body, especially the spinal column. Does not use drugs or perform surgery.
Cytotechnologist:	a doctor who specializes in studying cells.
Dentist:	concerned with the care of teeth and associated structures; concerned with the prevention, diagnosis, and treatment of diseases of the teeth and gums.
Dietician:	scientifically trained in dietetics (including nutrition).
Medical records librarian:	keeps medical records and reports of patients admitted to hospitals.
Obstetrician:	treats women during pregnancy.
Ophthalmologist:	specializes in the treatment of eye diseases.
Optometrist:	examines and determines the condition of one's eyes and prescribes treatment to conserve or improve vision without the use of medicine, drugs, or surgery.
Orthotist:	a person who designs and fits braces and splints.
Osteopathic physician:	deals in manipulative procedures for the detection and correction of disorders and infections of the bones, muscles, nerves, blood vessels, and other tissues of the body structure. Also, may be qualified to practice obstetrics, surgery, or internal medicine.
Neurologist:	a physician who specializes in the treatment and care of the nervous system.

**PROJECT: C.E.A.W.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS - 2**

Pediatrician:	specializes in medical care of children.
Pedodontists:	specializes in children's dental problems.
Periodontists:	treats diseased tissues that support the teeth.
Pharmacist:	a druggist; one licensed to prepare and dispense drugs.
Physician:	diagnoses, prescribes medicines for, and otherwise treats diseases and disorders of the human body. May also perform surgery and operations, and often specializes in one aspect of medical care and treatment.
Podiatrist:	(chiropracist) is one who treats foot disorders.
Prosthodontists:	specializes in making and fitting artificial teeth or dentures.
Psychologist:	one who is trained in methods of psychological analysis, therapy, and research.
Psychiatrist:	specializes in studying human behavior and mental illness.
Public Health Dentist:	deals with treatment and education of the public regarding the importance of dental health and care through public health agencies.
Radiologist:	doctor who supervises giving x-ray.
Registered nurse:	a graduate nurse who has been registered and legally licensed to practice.
Rehabilitation counselor:	interviews and advises physically or mentally handicapped people so they may evaluate themselves in relation to the kind of work that is suitable to their physical and mental capacity, interests, skills, and talents. Usually works in a state agency or institution and works with doctors, nurses, psychologists, and others in the medical and health service professions.
Surgeon:	performs surgery to treat illnesses.
Otolaryngologist:	physician specializing in diseases or malfunctions of the ear, nose, and throat.

**PROJECT: C.E.A.W.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS - 3**

SEMI-PROFESSIONAL AND TECHNICAL OCCUPATIONS:

- Dental hygienist:** administers dental treatment, gives instructions on teeth care, may take x-rays, and assists the dentist in routine tasks.
- Dental laboratory technician:** prepares composition plates from wax impressions that were formerly done by a dentist. May also construct metal clamps, inlays, and bridgework according to dentist's specifications.
- Medical technologist:** performs medical duties in a hospital or laboratory. Makes lab tests of urine, blood, blood counts, spears, prepares vaccines, etc.
- Medical X-ray technician:** Technologist specializing in the use of X-rays, radium, and radioactive isotopes in the diagnosis and treatment of disease.

Work is done under the general direction of physicians who are usually radiologists.
- Occupational therapists:** following physicians instructions, select and direct educational, vocational, and recreational activities designed to restore maximum function to mentally or physically disabled patients.
- Physical therapist:** treats disorders such as fractures, sprains, nervous diseases and heart trouble, as prescribed by a physician using all of the therapeutic arts. Gives exercises designed to correct muscle ailments and deficiencies to patients, administers massage, and other body manipulations. (water, air, heat, cold, massage, exercises, and electricity.)

SKILLED OCCUPATIONS:

- Optician:** fits eyeglasses and adjusts them to the clients comfort.
- Physical Therapist:** treats patients with bone, muscle, nerve, and joint disorders as the doctor prescribes.

**PROJECT: C.E.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS - 4**

**Recreation
therapist:**

makes sick people well through participation in therapeutically beneficial recreational activities such as athletics, games, dancing, music, dramatics, gardening, handicrafts, etc.

**Speech Pathologist
and Audiologist:**

helps communication handicapped people and helps them learn to talk and hear as normally as possible (stutter, lisp, cleft-palate, stroke victims, cerebral palsy, etc).

**PROJECT: C.E.A.M.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY PAGE

MEDICAL PEOPLE AND THEIR JOBS

DIRECTIONS: Match the name of the medical person with the job that person does by putting the letter before the worker.

-
- | | |
|-------------------------|--|
| ___ 1. PATHOLOGIST | A. A person who designs and fits artificial arms and legs. |
| ___ 2. CYTOTECHNOLOGIST | B. Fills orders for medication as prescribed by a physician. |
| ___ 3. PHARMACIST | C. A scientist who specializes in the study of tissues, fluids, and body secretions. |
| ___ 4. PROSTHETIST | D. Doctor who supervises giving x-ray. |
| ___ 5. RADIOLOGIST | E. A doctor who specializes in studying cells. |
-
- | | |
|-------------------------|--|
| ___ 6. ANESTHESIOLOGIST | F. Scientist who studies living things. |
| ___ 7. BIOLOGIST | G. Gives anesthetic to make patient insensitive to pain. |
| ___ 8. CHEMIST | H. A person who designs and fits braces and splints. |
| ___ 9. ORTHOTIST | I. Diagnoses and treats disorders of the teeth and gums. |
| ___ 10. DENTIST | J. A scientist who analyzes and rearranges matter. |
-
- | | |
|------------------------|--|
| ___ 11. PHYSICIAN | K. A person who is concerned with the prevention, diagnosis, and treatment of illness. |
| ___ 12. OPHTHAMOLOGIST | L. Specializes in medical care of children. |
| ___ 13. PEDIATRICIAN | M. Specializes in the treatment of eye diseases |
| ___ 14. CARDIOLOGIST | N. Treats women during pregnancy. |
| ___ 15. OBSTETRICIAN | O. Specializes in the heart and its disorders. |
-
- | | |
|----------------------------|--|
| ___ 16. PSYCHIATRIST | P. Is concerned with prevention, diagnosis & treatment of animal diseases. |
| ___ 17. SURGEON | Q. Specializes in studying human behavior and mental illnesses. |
| ___ 18. PHYSICAL THERAPIST | R. Performs surgery to treat illnesses. |
| ___ 19. DENTAL HYGIENIST | S. Treats patients with bone, muscle, nerve, and joint disorders as the doctor prescribes. |
| ___ 20. VETERINARIAN | T. Cleans teeth. |

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY PAGE

MEDICAL PEOPLE AND THEIR JOBS

DIRECTIONS: Match the name of the medical person with the job that person does by putting the letter before the worker.

-
- | | |
|------------------------------|--|
| <u>C</u> 1. PATHOLOGIST | A. A person who designs and fits artificial arms and legs. |
| <u>E</u> 2. CYTOTECHNOLOGIST | B. Fills orders for medication as prescribed by a physician. |
| <u>B</u> 3. PHARMACIST | C. A scientist who specializes in the study of tissues, fluids, and body secretions. |
| <u>A</u> 4. PROSTHETIST | D. Doctor who supervises giving x-ray. |
| <u>D</u> 5. RADIOLOGIST | E. A doctor who specializes in studying cells. |
-
- | | |
|------------------------------|--|
| <u>G</u> 6. ANESTHESIOLOGIST | F. Scientist who studies living things. |
| <u>F</u> 7. BIOLOGIST | G. Gives anesthetic to make patient insensitive to pain. |
| <u>J</u> 8. CHEMIST | H. A person who designs and fits braces and splints. |
| <u>H</u> 9. ORTHOTIST | I. Diagnoses and treats disorders of the teeth and gums. |
| <u>I</u> 10. DENTIST | J. A scientist who analyzes and rearranges matter. |
-
- | | |
|-----------------------------|--|
| <u>K</u> 11. PHYSICIAN | K. A person who is concerned with the prevention, diagnosis, and treatment of illness. |
| <u>M</u> 12. OPHTHAMOLOGIST | L. Specializes in medical care of children. |
| <u>L</u> 13. PEDIATRICIAN | M. Specializes in the treatment of eye diseases. |
| <u>O</u> 14. CARDIOLOGIST | N. Treats women during pregnancy. |
| <u>N</u> 15. OBSTETRICIAN | O. Specializes in the heart and its disorders. |
-
- | | |
|---------------------------------|--|
| <u>G</u> 16. PSYCHIATRIST | P. Is concerned with prevention, diagnosis, & treatment of animal diseases. |
| <u>R</u> 17. SURGEON | Q. Specializes in studying human behavior and mental illnesses. |
| <u>S</u> 18. PHYSICAL THERAPIST | R. Performs surgery to treat illnesses. |
| <u>T</u> 19. DENTAL HYGIENIST | S. Treats patients with bone, muscle, nerve, and joint disorders as the doctor prescribes. |
| <u>P</u> 20. VETERINARIAN | T. Cleans teeth. |

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Film: Getting It Together

OBJECTIVE(S):

The students know the nonmedical careers that are related to caring for the handicapped people.

The students know handicapped people can have careers related to caring for handicapped people.

The students realize handicapped people want to have a rewarding career the same as nonhandicapped people.

MATERIALS:

Film: Getting It Together, Pyramid Films, 1977, Rental

PROCEDURE: BEFORE VIEWING

Explain the following facts to the class before viewing the film.

This film deals with a career related to caring for handicapped people.

The main character holds the position of a recreational therapist at a hospital.

A recreational therapist uses recreational activities, tennis, basketball, etc., to afford patients an opportunity for emotional release. They also give the patients a chance to use their physical abilities.

Remember that handicapped people have the same need for emotional release and physical activity as do nonhandicapped people.

Handicapped people want the opportunity to pursue careers which interest them just as normal people do.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Activity Sheets:

Health Careers Match
Handicap Word Find

OBJECTIVE:

The students know the career opportunities available to them in medical and nonmedical professions concerned with rehabilitating handicapped people.

MATERIAL:

Matching Sheet: Health Careers
Handicap Word Find
Health Careers Listing

PROCEDURE:

Distribute the list of health careers to the students.

Have the students read the careers lists to themselves.

The students can then do the activity sheets on their own.

Take the last few minutes of the class period to correct the activity sheets.

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS

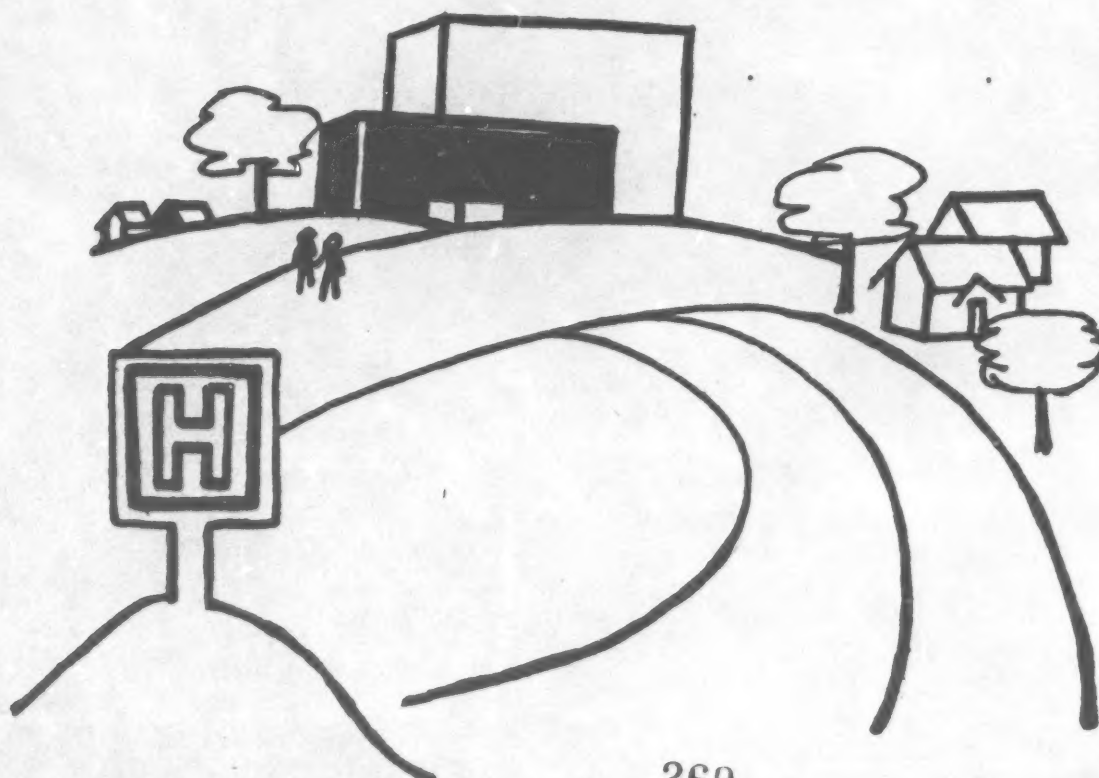
NAME _____

MATCHCOLUMN A

Prepares and fills medicine order
Tests and fits people for glasses
Assists doctor in care of patients
Examines and treats teeth
Works with children who are ill
Treats injured or ill people
Cleans teeth
Takes X-Rays
Performs operations
Plans nutritious meals

COLUMN B

Optometrist
Pediatrician
Pharmacist
Nurse
Dentist
Dental Hygienist
Doctor
Surgeon
X-Ray technician
Dietician

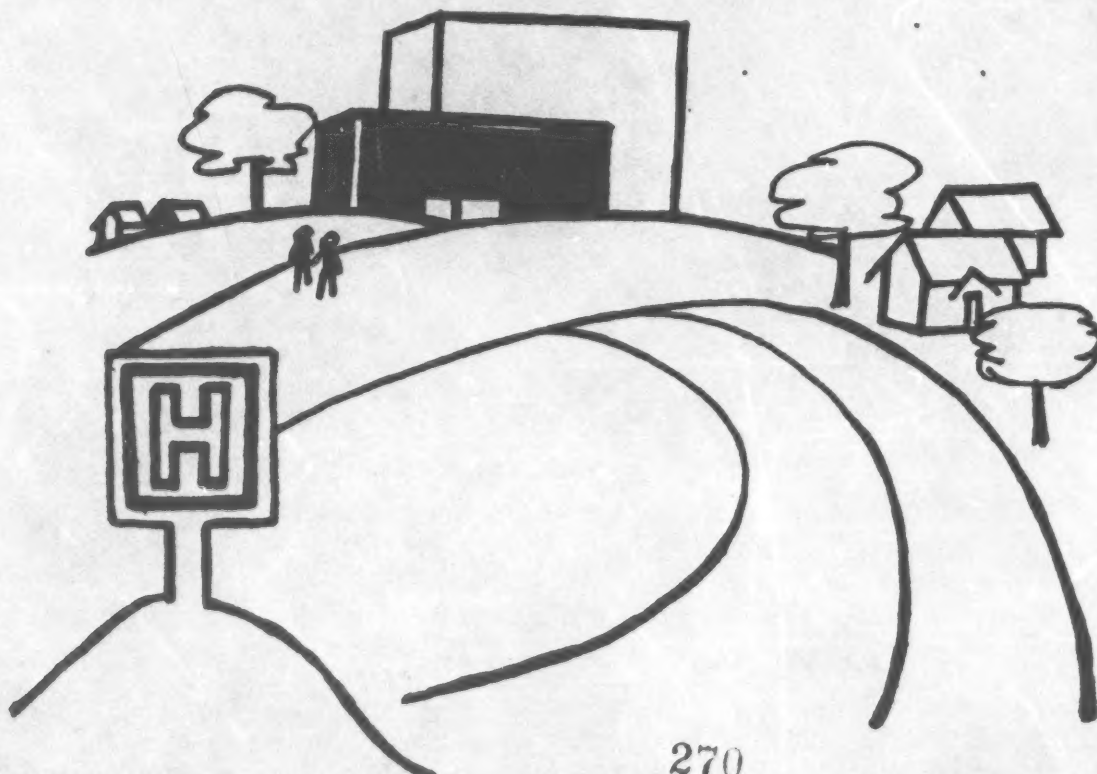


PROJECT: C.H.A.N.G.E.
5TH GRADE CURRICULUM
HEALTH CAREERS - ANSWER KEY

NAME _____

MATCHCOLUMN ACOLUMN B

Prepares and fills medicine order	Optometrist
Tests and fits people for glasses	Pediatrician
Assists doctor in care of patients	Pharmacist
Examines and treats teeth	Nurse
Works with children who are ill	Dentist
Treats injured or ill people	Dental Hygienist
Cleans teeth	Doctor
Takes X-Rays	Surgeon
Performs operations	X-Ray technician
Plans nutritious meals	Dietician



PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS

NAME _____

HANDICAP WORD FIND

BLINDNESS
DEAFNESS
DIABETES
EPILEPSY
PHYSICAL HANDICAPS
SPEECH IMPAIRMENTS

MENTAL RETARDATION
LEARNING DISABILITIES
EMOTIONAL PROBLEMS
REHABILITATION SERVICES
HEALTH CAREERS
PROJECT CHANGE

A E L I P D E T O S I R B L F O N E M S Y L O
S E C I V R E S N O I T A T I L I B A H E R M
T P R E Y A C P R A B I H P S E P L I A L H E
N R A P M E I E L T R E F Y S P L I R D S I N
E L H C A R E E Y E H E L I L L A N O E Y D T
M E P A I P H H R E H A B T O I D T B N P A
R M R P E D I H A P A V E L P N N A N R A E L
I O O H P E N L R E L I S O G H L T G E H S R
A T J L D A B A B I T L O D I A B E T E S Y E
P R E Y A F E M H E H P I E R G L C P B E D T
M H C A D N R B B L C S S S E N D N I L B M A
I N T S B E T R A T A I T P R O B L M D O E R
H E C L I S E F S B R C A E H T S F Y A I O D
C A H G C S L P I B E L I F S A C M S T Z N A
E T A N R B E L D A E D A S T H E L P H Y I T
E P N I S A I C A E R I N G Y R I F F O L I
P P G R A T M E R P S A D N A H E Y L T W D O
S C E N I L P A I R D Y W F R Q P L I S S E N
B A T E S H R U L H A R E C I D I H P U T A I
N I S M E L B O R P L A N O I T O M E R O G N

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS

NAME _____

HANDICAP WORD FIND

BLINDNESS
DEAFNESS
DIABETES
EPILEPSY
PHYSICAL HANDICAPS
SPEECH IMPAIRMENTS

MENTAL RETARDATION
LEARNING DISABILITIES
EMOTIONAL PROBLEMS
REHABILITATION SERVICES
HEALTH CAREERS
PROJECT CHANGE

A E L I P D E T O S I R B L F O N E M S Y L O
S E C I V R E S N O I T A T I L I B A H E R M
T P R E Y A C P R A B I H P S E P L I A L H E
N R A P M E I E L T R E F Y S P L I R D S I N
E L H C A R E E Y E H E L I L L A N O E Y D T
M E P A I P H C H R E H A B T O I D T B N P A
R M R P E D I H A P A V E L P N N A N R A E L
I O O H P E N L R E L I S O G H L T G E H S R
A T J L D A B A B I T L O D I A B E T E S Y E
P R E Y A F E M H E H P I E R G L C P B E D T
M H C A D N R B B L C S S S E N D N I L B M A
I N T S B E T R A T A I T P R O B L M D O E R
H E C L I S E F S B R C A E H T S F Y A I O D
C A H G C S L P I B E L I F S A C M S T Z N A
E T A N R B E L D A E D A S T H E L P H Y I T
E P N I S A I C A E R I N G Y R I F E F O L I
P P G R A T M E R P S A D N A H E Y L T W D O
S C E N I L P A I R D Y W F R Q P L I S S E N
B A T E S H R U L H A R E C I D I H P U T A I
N I S M E L B O R P L A N O I T O M E R O G N

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Filmstrip: Job Opportunities in a Hospital.
Health Careers' books for student referral.

OBJECTIVE:

The students are aware of career opportunities related to medical and nonmedical professions dealing with rehabilitation of the handicapped.

MATERIAL:

Filmstrip and cassette: Job Opportunities in a Hospital by the Society for Visual Education, Inc.

Health Career Books:

- 1) "A Definitive Study of Your Future in a Mental Health Career" by Fenton Keyes
- 2) "Careers in Physical Rehabilitation Therapy" by Halima Toure

PROCEDURE:

Have the class view the filmstrip.

The students can then spend the remaining time reading certain chapters of the books accompanying this lesson plan. Tell the students to at least read the chapter(s) relating educational requirements and various career opportunities.

The students can then read the chapter(s) relating information about specific professions depending upon the individual's interest.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Filmstrip: Chronic Diseases: Under Control

OBJECTIVE:

The students are aware of the career opportunities available to nonhandicapped people interested in health and medicine.

The students know the rehabilitative processes dealing with specific handicaps.

The students determine on an individual basis their willingness to accept each handicap.

MATERIAL:

Filmstrip and cassette: Chronic Diseases: Under Control by Marsh Film Enterprises, Inc.

PROCEDURE:

Have the students view the filmstrip. The filmstrip gives an overview of handicapping diseases and the rehabilitative procedure for each one. It also gives the students an idea of some of the medical professions involved in the rehabilitative process.

**PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS**

ACTIVITY:

Handicapped Rating Scale

OBJECTIVE:

The students determine on an individual basis their willingness to accept each handicap.

MATERIAL:

Handicapped Rating Scale (Student copy and scoring sheet)

PROCEDURE:

As a conclusion to the Project: C.H.A.N.G.E. curriculum have the students do the Handicapped Rating Scale.

You will give each student in your group a copy of the Handicapped Rating Scale. They should be allowed five minutes to fill the Scale out. A chalkboard should be available in the room so the students' ratings will be able to be discussed (all topics with a High and Low column should be printed on the board).

After students have completed the Scale, the teacher will call out the topic, i.e., Amputation. The teacher will then ask those who rated the disability in the first three boxes (choices) to raise their hands. The number is then tabulated in the "High" column. Those who ranked the disability in the three lowest boxes (choices) are also asked to raise their hands. The low number is also recorded. (example below)

<u>HANDICAP TYPE</u>	<u>HIGH</u>	<u>LOW</u>
Amputation	2	5

After the "High" and "Low" ranking for the handicapped topics has been done, teachers will be able to ask students who ranked the handicap high or low for their reasons.

HANDICAPPED RATING SCALE
BY MARY SHARON SMITH

CONCEPTS OF HANDICAPS AND ATTITUDES NEED GUIDANCE AND EDUCATION
(PROJECT C.H.A.W.G.E. TITLE IV C - ESEA)
RIDGELAND PUBLIC SCHOOL DISTRICT 122 - OAK LAWN, ILLINOIS 60453

Please rank the handicaps below from one (1) to thirteen (13).

The handicap which is ranked number one should be the one you could most easily accept in an individual. The handicap which is ranked thirteen should be the one you would have the most difficulty accepting in an individual and might avoid.

<u>RANK</u>	<u>HANDICAP</u>
1.	AMPUTATION (may or may not use prosthetic device)
2.	APHASIA (a stroke victim)
3.	BLINDNESS
4.	CEREBRAL PALSY
5.	DEAFNESS
6.	DIABETES
7.	EMOTIONAL PROBLEMS (Severe in Nature)
8.	EPILEPSY
9.	GENERAL ORTHOPEDIC PROBLEMS (Confined to a wheelchair)
10.	LEARNING DISABILITIES
11.	MENTAL RETARDATION (All degrees)
12.	QUADRAPLEGIC
13.	SPEECH IMPAIRMENTS (Articulation, Voice Disorders, Stuttering)

Handicapped Rating Scale

H-12

PROJECT: C.H.A.N.G.E.

TITLE IV C - ESEA

Please rank the handicaps below from one (1) to thirteen (13). The handicap which is ranked number one should be the most easily accepted in an individual. The handicap which is ranked number thirteen (13) should be the one which causes avoidance behavior and difficulty in the acceptance of an individual.

SCORING SHEET FOR CLASS

<u>RANK</u>		<u>HANDICAP</u>
HIGH	LOW	
1.		AMPUTATION (May or may not use prosthetic device)
2.		APHASIA (a stroke patient)
3.		BLINDNESS
4.		CEREBRAL PALSY
5.		DEAFNESS
6.		DIABETES
7.		EMOTIONAL PROBLEMS (Severe in Nature)
8.		EPILEPSY
9.		GENERAL ORTHOPEDIC PROBLEMS (Confined to a wheelchair)
10.		LEARNING DISABILITIES
11.		MENTAL RETARDATION (All degrees)
12.		QUADRAPLEGIC
13.		SPEECH IMPAIRMENTS (Articulation, Voice Disorders, Stuttering)

PROJECT: C.H.A.N.G.E.
8TH GRADE CURRICULUM
HEALTH CAREERS

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Toure, Halima. Careers in Physical Rehabilitation Therapy. New York: Franklin Watts Inc., 1977.

ABOUT THE STAFF

STAFF:

Director.....	Donald Martin
Coordinator.....	Sherry Smith
Assistant Coordinator.....	Alan Balter
Medical Consultant.....	LaVerne Galzin
Media Consultant.....	Cynthia Foulkes
Curriculum Coordinator.....	Karen Harper
Curriculum Advisor.....	Kathleen Delaney
Curriculum Advisor.....	Robert Honkisz
Graphic Artist.....	Karen Madden
Evaluation Consultant.....	A. Edward Ahr.

Donald Martin, Project Director, holds B.A. and M.A.T. degrees from Harding College in Arkansas. He has worked as Assistant Principal at the Junior High School level, Director of a Demonstration Center for Gifted Children, and as Director of Federal Programs. As Program Director for Project C.H.A.N.G.E., he is responsible for the overall administration of the project.

Sherry Smith, Project Coordinator, has the B.A. from College of St. Francis in Illinois and M.S. from Chicago State University. Her previous experience includes classroom teaching and speech pathology at the elementary level. As Coordinator of Project C.H.A.N.G.E., she is responsible for the day-to-day operation of the program including grant writing, curriculum planning, and design of assessment instruments.

Alan Balter, Assistant Project Coordinator, has B.S., M.S., and Ph.D. degrees from the University of Illinois. He has worked as a teacher of retarded children, researcher, and university professor. As Assistant Coordinator, he helps with the daily functioning of the program and project dissemination.

LaVerne Galzin, Medical Consultant for the project, is a registered nurse who also holds the B.S. degree. She has wide experience working as a hospital nurse, public health nurse as well as a school nurse. In her role as Medical Consultant she explains nursing and medical information and strategies to program staff and is the program liaison to the medical profession.

Cynthia Foulkes, Media Consultant for the project, holds the B.S. in Education from Illinois State University and the M.S. in Education from Chicago State University. Her experience includes working as a School District Librarian and Director of a Learning Resource Center. She is responsible for ordering and processing all program materials as well as assisting program staff plan and execute audio-visual presentations.

Karen Harper, Curriculum Coordinator has the M.A. degree in Learning Disabilities and has many years of teaching experience in special education. She has developed the Kindergarten and Primary grades curriculum and supervised curriculum development at other levels.

Kathleen Delaney, Curriculum Advisor, has a B.A. degree from St. Xavier College in Illinois. She has worked as a teacher's aide in Project Head Start and as a teacher in the elementary grades. Her major responsibilities have been writing the project curriculum and lesson plans for grades 4-6.

Robert Honkisz, Curriculum Advisor, has the B.S. degree from the University of Illinois. He has worked as a physical education teacher in the elementary grades. His primary responsibilities have been writing project curriculum and lesson plans for grades 7-8.

Karen Madden, Graphic Artist, holds the B.S. degree from Northern Illinois University and the M.S. from Illinois Institute of Technology. She works as an Art Teacher for children between Kindergarten and 8th grade. Her major responsibility for the project involves producing original artwork for program materials.

A. Edward Ahr, Evaluation Consultant, has the B.S. and M.S. degrees from the University of New Mexico and the Ed.D. degree from Loyola University in Chicago. His work experience includes classroom teaching, school psychology, school administration and university teaching. His project responsibilities involve designing assessment techniques, statistical analysis of data and program evaluation.